

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State
 04-11-2001 90046 022 ***150.00

0274782

DOCUMENT # J38117

1. Entity Name

DANKER NURSING SERVICES, INC.

Principal Place of Business

Mailing Address

5631 S.W. 163 AVE.
 FT. LAUDERDALE FL 33331
 US

5631 S.W. 163 AVE.
 FT. LAUDERDALE FL 33331
 US

2. Principal Place of Business

1251 COWART ROAD

Suite, Apt. #, etc.

3. Mailing Address

1251 COWART ROAD

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PIERSON, FLA

City & State

PIERSON, FLA

4. FEI Number

59-2733891

Applied For

☒ Not Applicable

Zip

Country

32180

USA

Zip

Country

32180

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DANKER, MARYANN
5631 S W 163 AVE
FT. LAUDERDALE FL 33331

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so: ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
 NAME **DANKER, MARYANN**
 STREET ADDRESS **5631 SW 163RD AVE.**
 CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
 NAME **MARYANN DANKER**
 STREET ADDRESS **1251 COWART ROAD**
 CITY-ST-ZIP **PIERSON, FLA 32180**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Maryann Danker **MARYANN DANKER**

DATE

DAYTIME PHONE #

CR2E034 (10/00)