2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K51290

1. Entity Name

STAT NURSING SERVICES INTERNATIONAL INC.

Principal Place of Business	Mailing Address
RT 3 BOX 3546 QUINCY FL 32351 US	RT. 3. BOX 3546 QUINCY FL 32351

2. Principal Place of Business: *603 Cracker Barrel Rd*
Suite, Apt. #, etc.

3. Mailing Address: *603 Cracker Barrel Rd*
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State: *Quincy Fl.*	City & State: *Quincy Fl.*	4. FEI Number **59-2917453**	Applied For / Not Applicable
Zip: *32351* Country: *U.S.*	Zip: *32351* Country: *U.S.*	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPEIGEL, LAWRENCE J. 343 ALMERIA AVE CORAL GABLES FL 33134	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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE **ASVP** NAME **SIMMONS, DAYMON B** STREET ADDRESS **RT 3, BOX 3546** CITY-ST-ZIP **QUINCY FL**	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE **V** NAME **UNDERWOOD, RENEE** STREET ADDRESS **177 WARWICK STREET** CITY-ST-ZIP **DALY CITY CA**	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE **COO** NAME **JOHNSON, LEON** STREET ADDRESS **ROUTE 3 BOX 3546** CITY-ST-ZIP **QUINCY FL**	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE **VP** NAME **SIMMONS, DAYMON BERNARD** STREET ADDRESS **ROUTE 3 BOX 3540** CITY-ST-ZIP **QUINCY FL 32351**	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE **OCEO** NAME **JOHNSON, PATRICIA** STREET ADDRESS **603 CRACKER BARREL RD** CITY-ST-ZIP **QUINCY FL 32351**	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition

CR2E034 (10/00)

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: *Patricia Johnson CEO*   *4/20/01*   *(850)627-1052*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #