

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90471 042 \*\*\*150.00

**DOCUMENT # L35955**

**1. Entity Name**  
**PORT ST LUCIE SCHOOL OF PRACTICAL NURSING INC.**

**Principal Place of Business**

**Mailing Address**

10792 S US 1

10792 S US 1

PORT ST LUCIE FL 34952  
 US

PORT ST LUCIE FL 34952  
 US

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** 65-0165374

Applied For  
 Not Applicable

**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**

**SIMMONS, EVETT L**  
**145 NW CENTRAL PLAZA**  
**SUITE 200**  
**PT ST LUCIE FL 34988**

Name  
**Mabel Smith-Duffus**

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

10792 S. US 1

City  
 Port St. Lucie

FL Zip Code  
 34952

**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**

*Mabel Smith Duffus*

Signature, typed 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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D SMITH-DUFFUS, MABEL** ☐ Delete  
**2079 N. BLACKWELL DR.**  
**PORT ST. LUCIE FL**

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ 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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ 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

**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:**

*Mabel Smith Duffus*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/02 561-398-0102

CR2E034 (9/01)