

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90077 048 \*\*\*\*61.25

**DOCUMENT # N36560**

1. Entity Name

**NATIONAL NURSING STAFF DEVELOPMENT ORGANIZATION,**

Principal Place of Business

Mailing Address

7794 GROW DR  
 PENSACOLA FL 32514  
 US

7794 GROW DR  
 PENSACOLA FL 32514  
 US

44028



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3018398

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BELINDA E PUETZ  
 7794 GROW DR  
 PENSACOLA FL 32514

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 retreating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: D  Delete  
 NAME: PUETZ, BELINDA E.  
 STREET ADDRESS: 7794 GROW DR  
 CITY-ST-ZIP: PENSACOLA FL

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

TITLE: T  Delete  
 NAME: BRUNT, BARBARA  
 STREET ADDRESS: 3112 PONTIERS RD. NE  
 CITY-ST-ZIP: HARTVILLE OH 44632

TITLE: T  Change  Addition  
 NAME: Elsie Enriquez-Maerina  
 STREET ADDRESS: 11742 Millsway Drive  
 CITY-ST-ZIP: San Antonio, TX 78253

TITLE: PD  Delete  
 NAME: FISHER, KATHLEEN  
 STREET ADDRESS: 8486 WARNER RD  
 CITY-ST-ZIP: ANN HARBOR MI 48176

TITLE: P  Change  Addition  
 NAME: Donna White  
 STREET ADDRESS: 3607 Crossroad Court  
 CITY-ST-ZIP: Eagan, MN 55123

TITLE: V  Delete  
 NAME: SCHMIDT, KARI  
 STREET ADDRESS: 510 W MINOR COURT  
 CITY-ST-ZIP: MILWAUKEE WI 53217

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

TITLE: S  Delete  
 NAME: MILLER, DONNA  
 STREET ADDRESS: 7439 ST JOHNS CT  
 CITY-ST-ZIP: MENTOR OH 44060

TITLE: S  Change  Addition  
 NAME: Elaine Hinojosa  
 STREET ADDRESS: 1703 Haring Road  
 CITY-ST-ZIP: Metairie, LA 70001

TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

TITLE: T  Change  Addition  
 NAME: Kathleen Dunn-Cane  
 STREET ADDRESS: 2851 Quay Loop  
 CITY-ST-ZIP: Alamogordo, NM 88330

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 179.07(3)(l), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Belinda E Puetz*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-01  
 Date

Daytime Phone #

CR2007 (10/00)