

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N36560

FILED  
Mar 13, 2002 8:00 AM  
Secretary of State

Entity Name: NATIONAL NURSING STAFF DEVELOPMENT ORGANIZATION, INC.

**Current Principal Place of Business:**

7794 GROW DR  
PENSACOLA, FL 32514 US

**New Principal Place of Business:**

**Current Mailing Address:**

7794 GROW DR  
PENSACOLA, FL 32514 US

**New Mailing Address:**

FEI Number: 59-3018398      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BELINDA E PUETZ  
7794 GROW DR  
PENSACOLA, FL 32514 US

**Name and Address of New Registered Agent:**

PUETZ, BELINDA E  
7794 GROW DR  
PENSACOLA, FL 32514 US

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: BELINDA E PUETZ

03/13/2002

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: PUETZ, BELINDA E.,  
Address: 7794 GROW DR  
City-St-Zip: PENSACOLA, FL

Title: T ( ) Delete  
Name: ENRIQUEZ-MAERINA, ELSIE  
Address: 11742 MILLSWAY DRIVE  
City-St-Zip: SAN ANTONIO, TX 78253

Title: P ( ) Delete  
Name: WHITE, DONNA  
Address: 3607 CROSSROAD COURT  
City-St-Zip: EAGAN, MN 55123

Title: V ( ) Delete  
Name: SCHMIDT, KARI  
Address: 510 W MINOR COURT  
City-St-Zip: MILWAUKEE, WI 53217

Title: S ( ) Delete  
Name: HINOJOSA, ELAINE  
Address: 1703 HARING ROAD  
City-St-Zip: METAIRIE, LA 70001

Title: T ( ) Delete  
Name: DUNN-CANE, KATHLEEN  
Address: 2851 QUAY LOOP  
City-St-Zip: ALAMOGORDO, NM 88330

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: BRUNT, BARBARA  
Address: 3112 PONTIUS ROAD, NE  
City-St-Zip: HARTVILLE, OH 44632

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: WRIGHT, DONNA  
Address: 16361 BAYWOOD LANE  
City-St-Zip: EDEN PRARIE, MN 55346

Title: D (X) Change ( ) Addition  
Name: AVILLION, ADRIANNE  
Address: 106 STONEGATE ROAD  
City-St-Zip: YORK, PA 17404

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: DUNN-CANE, KATHLEEN  
Address: 2851 QUAY LOOP  
City-St-Zip: ALAMOGORDO, NM 88330

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BELINDA E PUETZ

DR

03/13/2002

Electronic Signature of Signing Officer or Director

Date