

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2002 8:00 am**  
**Secretary of State**

01-27-2002 90001 038 \*\*\*\*61.25

**DOCUMENT # N99000001047**

1. Entity Name

**NORTHWEST FLORIDA ASSOCIATION OF OCCUPATIONAL HEALTH NURSES, INC.**

Principal Place of Business

Mailing Address

180 GOVERNMENTAL CTR  
 PENSACOLA FL 32501  
 US

PO BOX 12910  
 PENSACOLA FL 32521  
 US



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

**59-3568629**

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

**ROBERTS, SCOTT C ESQ**  
**37 N ORANGE AV SUITE 200**  
**ORLANDO, FL 32801**

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

**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          | <b>D</b>                     | <input type="checkbox"/> Delete |
| NAME           | <b>WILSON, KRISTY</b>        |                                 |
| STREET ADDRESS | <b>505 RIOLA PLACE</b>       |                                 |
| CITY-ST-ZIP    | <b>PENSACOLA FL 32506</b>    |                                 |
| TITLE          | <b>T</b>                     | <input type="checkbox"/> Delete |
| NAME           | <b>ENSELL, BRYNN</b>         |                                 |
| STREET ADDRESS | <b>11614 WAKEFIELD DRIVE</b> |                                 |
| CITY-ST-ZIP    | <b>PENSACOLA FL 32514</b>    |                                 |
| TITLE          | <b>D</b>                     | <input type="checkbox"/> Delete |
| NAME           | <b>JOHNSON, ALINA</b>        |                                 |
| STREET ADDRESS | <b>115 GLEN EAGLES DR.</b>   |                                 |
| CITY-ST-ZIP    | <b>NICEVILLE FL 32578</b>    |                                 |
| TITLE          | <b>D</b>                     | <input type="checkbox"/> Delete |
| NAME           | <b>BROWN, BETTY JEAN</b>     |                                 |
| STREET ADDRESS | <b>916 S. I ST., APT. #3</b> |                                 |
| CITY-ST-ZIP    | <b>PENSACOLA FL 32501</b>    |                                 |
| TITLE          | <b>V</b>                     | <input type="checkbox"/> Delete |
| NAME           | <b>STOOPS, KAREN</b>         |                                 |
| STREET ADDRESS | <b>10137 BITTERN DRIVE</b>   |                                 |
| CITY-ST-ZIP    | <b>PENSACOLA FL 32507</b>    |                                 |
| TITLE          | <b>P</b>                     | <input type="checkbox"/> Delete |
| NAME           | <b>LONG, PAMELA</b>          |                                 |
| STREET ADDRESS | <b>6936 KITTY HAWK DRIVE</b> |                                 |
| CITY-ST-ZIP    | <b>PENSACOLA FL 32506</b>    |                                 |

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

12. 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 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: *Brynn Ensell* **Brynn Ensell** 01/08/2002 850 435-1664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)