

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90096 013 ***158.75

DOCUMENT # P00000015432

1. Entity Name

COVENANT HEALTH CARE STAFFING PROVIDER INC.

Principal Place of Business

**1445 W. BUSCH BLVD STE 100
TAMPA FL 33612**

Mailing Address

**1445 W. BUSCH BLVD STE 100
TAMPA FL 33612**

2. Principal Place of Business

1449 W. Busch Blvd.

Suite, Apt. #, etc.

3. Mailing Address

1449 W. Busch Blvd.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-3624870

Applied For

Not Applicable

Zip

33612

Country

USA

Zip

33612

Country

USA

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GAVINO, ROMEO

1445 W. BUSCH BLVD STE 100

TAMPA FL 33612

7. Name and Address of New Registered Agent

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

Romeo Gavino - VP

March 8, 2002

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, 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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **GAVINO, BELINDA**
CITY-ST-ZIP **18124 LEAFWOOD CIR
LUTZ FL 33549**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **GAVINO, ROMEO**
CITY-ST-ZIP **18124 LEAFWOOD CIR
LUTZ FL 33549**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **DULA, RHONDA**
CITY-ST-ZIP **3507 DEL LAGO APT 442
TAMPA FL 33614**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ALAJAJI, SARA**
CITY-ST-ZIP **18124 LEAFWOOD CIR
LUTZ FL 33549**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Romeo Gavino

March 8, 2002 (813)915-0626

Date

Daytime Phone #

CR2E034 (9/01)