

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90146 013 ***150.00

DOCUMENT # P00000030562

1. Entity Name

ANYTIME MEDICAL STAFFING INC.

Principal Place of Business

300 31ST STREET NORTH, #225
ST. PETERSBURG FL 33713

Mailing Address

300 31ST STREET NORTH, #225
ST. PETERSBURG FL 33713

2. Principal Place of Business

300 31st Street North

3. Mailing Address

Same

Suite, Apt. #, etc.

225

Suite, Apt. #, etc.

City & State

St. Petersburg FL

City & State

St. Petersburg FL

Zip

FL 33713 Pinellas

Zip

Country

4. FEI Number

51-3636990

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

Allen

CUNNINGHAM, MONICA

790 18TH AVE 1100 Pinellas Pt Drive South
ST. PETERSBURG FL 33705

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 Monica Allen

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME ~~Allen~~
STREET ADDRESS ~~CUNNINGHAM, MONICA~~
CITY-ST-ZIP ~~790 18TH AVE 1100 Pinellas Pt Drive South~~
~~ST. PETERSBURG FL 33701 33705~~

TITLE ☒ Change ☐ Addition
NAME Monica Allen
STREET ADDRESS 1100 Pinellas Pt Drive So
CITY-ST-ZIP St. Petersburg FL 33705

TITLE ☐ Delete
NAME SD
STREET ADDRESS SNEAD, FANNIE M
CITY-ST-ZIP 2319 41ST STREET SOUTH
ST. PETERSBURG FL 33711

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

TITLE ☐ Delete
NAME TD
STREET ADDRESS SIMONS, GWEN
CITY-ST-ZIP 601 MYRTLE WAY SOUTH
ST. PETERSBURG FL 33705

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: Monica Allen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01

Date

(727) 3237523

Daytime Phone #

CR2E034 (10/00)

Department of Health • Vital Statistics
STATE OF FLORIDA
MARRIAGE RECORD

TYPE IN UPPER CASE
 USE BLACK INK

This license not valid unless seal of Clerk,
 Circuit or County Court, appears thereon.

(STATE FILE NUMBER)

attachment
P0000030562
B004770

yw 03/12/2001 BK 307 PG 639
 KARLEEN F. DE BLAKER, CLERK

1017221

APPLICATION NUMBER

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) ROBERT KEVIN ALLEN		2. DATE OF BIRTH (Month, Day, Year) 01/06/1962	
3a. RESIDENCE - CITY, TOWN, OR LOCATION ST PETERSBURG	3b. COUNTY PINELLAS	3c. STATE FL	4. BIRTHPLACE (State or Foreign Country) FLORIDA
5a. BRIDE'S NAME (First, Middle, Last) MONICA DELISE SNEAD-CUNNINGHAM		5b. MAIDEN SURNAME (if different)	
6a. RESIDENCE - CITY, TOWN, OR LOCATION ST PETERSBURG	6b. COUNTY PINELLAS	6c. STATE FL	6. DATE OF BIRTH (Month, Day, Year) 11/14/1968
7a. RESIDENCE - CITY, TOWN, OR LOCATION ST PETERSBURG		7b. COUNTY PINELLAS	
7c. STATE FL		7d. BIRTHPLACE (State or Foreign Country) FLORIDA	

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

8. SIGNATURE OF GROOM (Sign full name using black ink) <i>Robert Kevin Allen</i>	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 03/05/2001
11. TITLE OF OFFICIAL DEPUTY CLERK	12. SIGNATURE OF OFFICIAL (Use black ink) <i>[Signature]</i>
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>Monica Delise Snead-Cunningham</i>	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 03/05/2001
15. TITLE OF OFFICIAL DEPUTY CLERK	16. SIGNATURE OF OFFICIAL (Use black ink) <i>[Signature]</i>

SEAL

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE PINELLAS	18. DATE LICENSE ISSUED 03/05/2001	19a. DATE LICENSE EFFECTIVE 03/05/2001	19. EXPIRATION DATE 05/04/2001
20a. SIGNATURE OF COURT CLERK OR JUDGE <i>[Signature]</i>		20b. TITLE CLERK OF CIRCUIT COURT	20c. BY D.C.

SEAL

CERTIFICATE OF MARRIAGE

1. GROOM'S NAME (First, Middle, Last) ROBERT KEVIN ALLEN		2. DATE OF BIRTH (Month, Day, Year) 01/06/1962	
3a. RESIDENCE - CITY, TOWN, OR LOCATION ST PETERSBURG		3b. COUNTY PINELLAS	
3c. STATE FL		3d. BIRTHPLACE (State or Foreign Country) FLORIDA	
4a. BRIDE'S NAME (First, Middle, Last) MONICA DELISE SNEAD-CUNNINGHAM		4b. MAIDEN SURNAME (if different)	
4c. RESIDENCE - CITY, TOWN, OR LOCATION ST PETERSBURG		4d. COUNTY PINELLAS	
4e. STATE FL		4f. BIRTHPLACE (State or Foreign Country) FLORIDA	
5a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>[Signature]</i>		5b. ADDRESS (of person performing ceremony) 4124 E. 1st St. St. Petersburg, FL	
5c. NAME AND TITLE OF PERSON PERFORMING CEREMONY JOEL S. CARR		5d. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>	
5e. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>		5f. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>	

