

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
 05-29-2002 93644 005 ***500.00

DOCUMENT # P00000042108

1. Entity Name

LEGAL NURSE, INC.

Principal Place of Business

**9400 CASCADE COURT
 BOYNTON BEACH FL 33437**

Mailing Address

**9400 CASCADE COURT
 BOYNTON BEACH FL 33437**

2. Principal Place of Business

518 North "O" Street

Suite, Apt. #, etc.

3. Mailing Address

518 North "O" Street

Suite, Apt. #, etc.

City & State

Lake Worth, Fla.

Zip

33460

Country

USA

City & State

Lake Worth Fla

Zip

33460

Country

USA

4. FEI Number

65-1008414

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HORSTING, TIMOTHY M ESQ.

1515 UNIVERSITY DRIVE

SUITE 202

CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name

Mildred Nelson

Street Address (P.O. Box Number is Not Acceptable)

827 NW Sorrento Lane

City

Port St. Lucie

FL

Zip Code

34986

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

Christine M. Nelson President Mildred Nelson

5-15-02

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
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
 NAME **KOVACH, TINA M**
 STREET ADDRESS **9400 CASCADE COURT**
 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE **VSTD** ☒ Delete
 NAME **NELSON, CHRISTINE M**
 STREET ADDRESS **9400 CASCADE COURT**
 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 **President, V/T/D** ☒ Change ☐ Addition
 NAME **Christine M. Nelson**
 STREET ADDRESS **518 North "O" Str.**
 CITY-ST-ZIP **Lake Worth, Fla. 33460**

TITLE **Vice President** ☐ Change ☐ Addition
 NAME **Christine M. Nelson**
 STREET ADDRESS **518 North "O" Str.**
 CITY-ST-ZIP **Lake Worth, Fla. 33460**

TITLE **Secretary/D** ☒ Change ☒ Addition
 NAME **Mildred Nelson**
 STREET ADDRESS **827 NW Sorrento Lane**
 CITY-ST-ZIP **Port St. Lucie, Fla. 34986**

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

TITLE ☐ Change ☐ Addition
 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:

Christine M. Nelson President

5-15-02

561-239-7206

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)