

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90285 025 ***158.75

DOCUMENT # P00000062664

1. Entity Name
ANGEL CARE NURSE REGISTRY, INC.

Principal Place of Business
**1000 E ATLANTIC BLVD STE 205N
 POMPANO BEACH FL 33060**

Mailing Address
**1000 E ATLANTIC BLVD STE 205N
 POMPANO BEACH FL 33060**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1000 E ATLANTIC BLVD.

3. Mailing Address
1000 E ATLANTIC BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

206-C

Suite 206-C

City & State

City & State

POMPANO BEACH FLA.

POMPANO BEACH FLA

Zip

Country

Zip

Country

33060

USA

FLA 33060

USA

4. FEI Number **65-1020793**

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

**HUNTER, THOMAS
 762 BANKS ROAD
 COCONUT CREEK FL 33063**

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 *Thomas Hunter*
 Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-22-02
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
PD
 NAME **HUNTER, THOMAS**
 STREET ADDRESS **762 BANKS ROAD**
 CITY-ST-ZIP **COCONUT CREEK FL 33063**

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

TITLE ☐ Delete
VD
 NAME **HUNTER, MARLENE**
 STREET ADDRESS **762 BANKS ROAD**
 CITY-ST-ZIP **COCONUT CREEK FL 33063**

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

TITLE ☐ Delete
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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: *Thomas Hunter*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02 (954) 785-8910
 Date Daytime Phone #

CR2E034 (9/01)