## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # PO

P01000012387

1. Entity Name

NEED NURSES, INC.

Principal Place of Business

5785 COUNTY ROAD 209 SOUTH GREEN COVE SPRINGS FL 32043 Mailing Address

5785 COUNTY ROAD 209 SOUTH GREEN COVE SPRINGS FL 32043

2. Principal Place of Business
503 Walnut ST
Suite, Apt. #, etc.

3. Mailing Address
503 Ukalnut ST
Suite, Apt. #, etc.

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90067 035 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WHITE I	N INIS SE	4CE		
City & State	/	ORZENCOU Spes F/		/ 4. F	4. FEI Number			oplied For of Applicable	]
3104	23 USA	32043	Couletry A	5. (	Certificate of Status Desired		3.75 Add e Require		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
			Name						l
SPIEGEL & UTRERA, P.A.			Street Add	Street Address (P.O. Box Number is Not Acceptable)					
	ERIA AVENUE				4.				1
· CORAL C	GABLES FL 33134								1
			City			FL	Zip Code	е	
8 The shove	named entity submits this statement for	the ournose of changing its re	eaistered office or r	egistered ag	ent, or both, in the State of Florida	a.			1
o. The above	Harried entity submits this statement for	and purpose or changing his h	egistered cilide of t	ogicioi ou ug	one, or both, in the state of French	<b>-</b> .			
,SIGNATURE _									
, SIGNATORE .	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE:	Registered Agent signature	required when re	einstating)	DATE			
9. This corpo	ration is eligible to satisfy its Intangible	FILE NOW!!!	FEE IS \$150.00	)	10. Election Campaign Finance	sia a	<b>ФЕ О</b>	· · · · ·	
Tax filing requirement and elects to do so. After May 1, 2002 Fee					Trust Fund Contribution.	ang 🗆		\$5.00 May Be Added to Fees	
(See criter	ia on back)	Make Check Payable	to Department						
11.	OFFICERS AND D	RECTORS	12.	AD	DITIONS/CHANGES TO OFFICE				_
TITLE	PD	☐ Delete	TITLE				Change	Addition Addition	CB2F034 (9/01)
NAME	YERKES, NEAL R 5785 COUNTY ROAD 209 SOUTH	Ц	NAME						77
STREET ADDRESS CITY-ST-ZIP	GREEN COVE SPRINGS FL 3204		STREET ADDRESS CITY-ST-ZIP						Ü
TITLE	VD	□ Delete	TITLE				Change	Addition	٩
NAME	CHURCHWELL, JOHN H	□ Delete	NAME			_	_ 0ago		
STREET ADDRESS	5785 COUNTY ROAD 209 SOUTH	Н	STREET ADDRESS						ļ
CITY-ST-ZIP	GREEN COVE SPRINGS FL 3204		CITY-ST-ZIP						
TITLE	VD .	☐ Delete	TITLE			[	] Change	Addition	
-NAME	-SUCARA; GAROON	ليده سنجريات يجاران	NAME		t i <b>s</b> antan				
STREET ADDRESS	5785 COUNTY ROAD 209 SOUT		STREET ADDRESS						
CITY-ST-ZIP	GREEN COVE SPRINGS FL 3204		CITY-ST-ZIP				7.0	- Addition	-
TITLE	STD VEDUCE ELOPENCE D	, Delete	TITLE NAME			L	] Change	☐ Addition	
NAME STREET ADDRESS	YERKES, FLORENCE R 5785 COUNTY ROAD 209 SOUT	н	STREET ADDRESS						}
CITY-ST-ZIP	GREEN COVE SPRINGS FL 3204		CITY-ST-ZIP						
TITLE		☐ Delete	TITLE			[	Change	Addition	1
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						1
CITY-ST-ZIP			CITY-ST-ZIP			•			-
TITLE		☐ Delete	TITLE			[	] Change	☐ Addition	
NAME			NAME CTREET ADDRESS						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						l
	pertify that the information supplied with t	his filing does not qualify for t	<u> </u>	d in Section	110 07/3/6\ Florida Statutos I fili	ther certify	that the in	nformation	
is. I nereby o	certify that the information supplied with t	rus uning does not quality for t	ne exemption state	o iti oeciloli	i i a.o./ (a)(i), Fiorida Statutes. Hul legal effect as if made under oath	nei ceilliy nethat Lam	an officer	or director	1

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 OFFICE OR DIRECTOR

14-25-42

964-529-851

Daytime Phone