

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State
 05-16-2002 90067 035 ***150.00

DOCUMENT # 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 Walnut St
 Suite, Apt. #, etc.

City & State
Green Cove Spgs, FL
 Zip
32043 Country
USA

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Green Cove Spgs, FL
 Zip
32043 Country
USA

4. FEI Number Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

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 _____ (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 **YERKES, NEAL R**
 STREET ADDRESS **5785 COUNTY ROAD 209 SOUTH**
 CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITLE **VD** ☐ Delete
 NAME **CHURCHWELL, JOHN H**
 STREET ADDRESS **5785 COUNTY ROAD 209 SOUTH**
 CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITLE **VD** ☐ Delete
 NAME **SUCARA, GAROON**
 STREET ADDRESS **5785 COUNTY ROAD 209 SOUTH**
 CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITLE **STD** ☐ Delete
 NAME **YERKES, FLORENCE R**
 STREET ADDRESS **5785 COUNTY ROAD 209 SOUTH**
 CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

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
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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: *NEED NURSES, INC.* **4-25-02** **964-529-8518**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)