

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90072 038 ***158.75

DOCUMENT # P01000033020

1. Entity Name

SUPERIOR TEMPORARY ASSIGNMENT TRAVEL NURSING, IN C.

Principal Place of Business

**10409 JEAN LAFFITE AVE.
THONOTOSASSA FL 33592**

Mailing Address

**10409 JEAN LAFFITE AVE.
THONOTOSASSA FL 33592**

2. Principal Place of Business

706 S. Eden Gardens Ave.

3. Mailing Address

706 S. Eden Gardens Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Inverness, Fl.

City & State

Inverness, Fl.

4. FEI Number

59-3710305

Applied For

☐ Not Applicable

Zip

34450

Country

USA

Zip

34450

Country

USA

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SEELEY, DANIEL M

10409 JEAN LAFFITE AVE.

THONOTOSASSA FL 33592

7. Name and Address of New Registered Agent

Name

Daniel M. Seeley

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

706 S. Eden Gardens Ave.

City

Inverness,

FL

Zip Code

34450

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

[Signature]

Daniel M. Seeley

2/21/02

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

(NOTE: Registered Agent signature required when registering)

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 **CEO** ☐ Delete
NAME **SEELEY, DANIEL M**
STREET ADDRESS **10409 JEAN LAFFITE AVE.**
CITY-ST-ZIP **THONOTOSASSA FL 33592**

TITLE **D** ☐ Delete
NAME **SEELEY, DANIEL M**
STREET ADDRESS **10409 JEAN LAFFITE AVE.**
CITY-ST-ZIP **THONOTOSASSA FL 33592**

TITLE **D** ☐ Delete
NAME **FELEIPE, YABNIA**
STREET ADDRESS **P.O. BOX 1202**
CITY-ST-ZIP **DERRY NH 03038**

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 **Dir. of Operations** ☒ Change ☐ Addition
NAME **Seeley, Dan M.**
STREET ADDRESS **706 S. Eden Gardens Ave.**
CITY-ST-ZIP **Inverness, Fl. 34450**

TITLE **Dir. of Finance** ☒ Change ☐ Addition
NAME **Felipe-Seeley, Yabnia N.**
STREET ADDRESS **706 S. Eden Gardens Ave.**
CITY-ST-ZIP **Inverness, Fl. 34450**

TITLE **President** ☒ Change ☐ Addition
NAME **Seeley, Dan M.**
STREET ADDRESS **706 S. Eden Gardens Ave.**
CITY-ST-ZIP **Inverness, Fl. 34450**

TITLE **Vice President** ☒ Change ☐ Addition
NAME **Felipe-Seeley, Yabnia N.**
STREET ADDRESS **706 S. Eden Gardens Ave.**
CITY-ST-ZIP **Inverness, Fl. 34450**

TITLE **Treasurer** ☒ Change ☐ Addition
NAME **Felipe-Seeley, Yabnia N.**
STREET ADDRESS **706 S. Eden Gardens Ave.**
CITY-ST-ZIP **Inverness, Fl. 34450**

TITLE **Secretary** ☒ Change ☐ Addition
NAME **Seeley, Dan M.**
STREET ADDRESS **706 S. Eden Gardens Ave.**
CITY-ST-ZIP **Inverness, Fl. 34450**

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] **Dan M. Seeley**

DATE

2/21/02

DAYTIME PHONE #

(813) 766-8975

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)