

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2002 8:00 am
Secretary of State

05-15-2002 90129 008 ***150.00

DOCUMENT # P01000046600

1. Entity Name

LEGAL NURSE CONSULTING, INC.

Principal Place of Business

705 S HARBOR CITY BLVD
 SLIP 65
 MELBOURNE FL 32901
 US

Mailing Address

705 S HARBOR CITY BLVD
 SLIP 65
 MELBOURNE FL 32901
 US

95041



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

905 N. Harbor City Blvd

Suite, Apt. #, etc.

Waterline Marina - Slip A1

City & State

Melbourne, FL

Zip

32935

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

95-3018170

☒ Applied For☐ Not Applicable5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OTTO, WANDA J RN

705 S HARBOR CITY BLVD

SLIP 65

MELBOURNE FL 32901

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

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
 NAME OTTO, WANDA J RN
 STREET ADDRESS 705 S HARBOR CITY BLVD
 CITY-ST-ZIP MELBOURNE FL 32901

☐ Delete

TITLE
 NAME
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12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change☐ Addition

TITLE
 NAME
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 CITY-ST-ZIP

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TITLE
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 CITY-ST-ZIP

☐ Change☐ Addition

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 OFFICER OR DIRECTOR

Date

4/24/02

Daytime Phone #

321-956-0301

CR2004 (9/01)