

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90033 016 ***150.00

DOCUMENT # P01000053122

1. Entity Name

LEGAL NURSE CONSULTANTS OF SOUTHWEST FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11382 WATERFORD VILLAGE DR.

Suite, Apt. #, etc.

3. Mailing Address

11382 WATERFORD VILLAGE DR.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FORT MYERS FL

City & State

FORT MYERS FL

4. FEI Number

65-1109361

Applied For

☐ Not Applicable

Zip

33913

Country

USA

Zip

33913

Country

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

MARY BETH EARLEY

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

11382 WATERFORD VILLAGE DR.

City

FORT MYERS

FL

Zip Code

33913

**DO NOT WRITE
IN THIS SPACE**

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)**

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

**10. Election Campaign Financing
Trust Fund Contribution.**

☐

**\$5.00 May Be
Added to Fees**

OFFICERS AND DIRECTORS

TITLE P/V/T/S
NAME MARY BETH EARLEY
STREET ADDRESS 11382 WATERFORD VILLAGE DR.
CITY-ST-ZIP FORT MYERS, FL 33913

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Mary Beth Earley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/02

Date

941-561-5934

Daytime Phone #

CR2E034B (12/01)