

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

0010160 AT

03-18-2002 90015 038 ***150.00

DOCUMENT # P01000122305

1. Entity Name
UNITED NURSING AGENCY INCORPORATED

Principal Place of Business 3359 BELVEDERE ROAD UNIT Q
WEST PALM BEACH FL 33406

Mailing Address 3359 BELVEDERE ROAD UNIT Q
WEST PALM BEACH FL 33406



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3359 Belvedere Rd
Suite, Apt. #, etc. Unit Q
City & State West Palm Beach
Zip FL 33406 Country USA

3. Mailing Address
3359 Belvedere
Suite, Apt. #, etc. Unit Q
City & State West Palm Beach
Zip FL 33415 Country USA

4. FEI Number 65-1145675
Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
LAFALAISE, SHERLY V
7150 CRAWL KEY WAY
LAKE WORTH FL 33467

7. Name and Address of New Registered Agent
Name Camille Roache
Street Address (P.O. Box Number is Not Acceptable) 5120 Pine Abbeys Dr S.
West Palm Beach
City FL Zip Code 33415

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 *Camille Roache Administrator / Sherly Lafalaise President 3/2/02*
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. ☐ **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 NAME	Camille Roache Administrator	<input type="checkbox"/> Delete
STREET ADDRESS	5120 Pine Abbeys Dr South	
CITY-ST-ZIP	WPB FL 33415	
TITLE NAME	Sherly Lafalaise President	<input type="checkbox"/> Delete
STREET ADDRESS	7150 CRAWL Key Way	
CITY-ST-ZIP	Lake Worth FL 33467	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	Administrator	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Camille Roache	
CITY-ST-ZIP	5120 Pine Abbeys Dr S.	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP	West Palm Beach FL 33415	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: *Sherly Lafalaise* *Camille Roache*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 3/2/02 Daytime Phone # 561-9688816 9675130

CR2E034 (9/01)