

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


8/6/

FILED
Sep 04, 2003 8:00 am
Secretary of State

08-06-2003 90058 024 ***150.00
09-04-2003 90069 003 ***400.00

DOCUMENT # P02000055008

1. Entity Name
THE LEGAL NURSE CONSULTANTS, INC.



Principal Place of Business
13014 N DALE MABRY STE 199
TAMPA FL 33618

Mailing Address
13014 N DALE MABRY STE 199
TAMPA FL 33618



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

DUROJAYE, GLORIA
13014 N DALE MABRY STE 199
TAMPA FL 33618

4. FEI Number
75-3063739

Applied For
☐ Not Applicable

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

7. Name and Address of New Registered Agent

Name

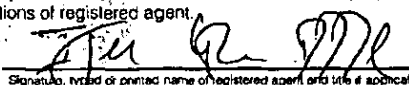
Street Address (P.O. Box Number is Not Acceptable)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE

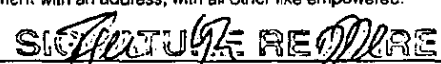
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GLORIA DUROJAYE PST <input type="checkbox"/> Delete 1108 COUNTY LINE ROAD W LUTZ, FL 33549	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 08/03/03 Time: 8:13 9486228

CR2E034 (10/02)