## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## P02000081514 **DOCUMENT #**

1. Entity Name

ABLE NURSES CORPORATION



## **FILED** Feb 14, 2003 8:00 am Secretary of State 02-14-2003 90199 026 \*\*\*150.00

W. T.	

Principal Place of 6095 OXBOW BE PORT ORANGE F	ND LANE	Mailing Address 6095 OXBOW BEND LANE PORT ORANGE FL 32128						
Principal Place of Business     3. Mailing Address						( ) <b>Trings</b> i (iji <b>brija</b> isani dazili bajili bajili briji da	M <b>et</b> iraal arras mai	( <b>(19)</b> ( <b>44</b> )
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FE	FEI Number Applied For Not Applied For Not Applied For		
Zip Country		Zip	try	5. Certificate of Status Desired Sa.75 Additional Fee Required			ional	
	Registered Agent	<u> </u>			7. Name and Address of New Registered Agent			
6. Name and Address of Current Registered Agent				Name				
ROBERSON, STEPHANIE L			1	Street Address (P.O. Box Number is Not Acceptable)				
	W BEND LANE							ļ
	NGE FL 32128			City	<del></del> -	FL		
	the test statement for	or the purpose of changing its	register	ed office or registe	ered age	ent, or both, in the State of Florida. I am	familiar with, a	nd accept
8. The above r the obligation	named entity submits this statement is one of registered agent.	if the purpose of chariging in	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•				
SIGNATURE _	Signature, typed or printed name of registered agent	details applicable (NO	TF: Registere	ed Agent signature requir	ed when re	instating) DATE		
FII After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of				<u>.</u>	Election Campaign Financing     Trust Fund Contribution.	Added	May Be to Fees
10.	OFFICERS AND		11.		. AD	DITIONS/CHANGES TO OFFICERS AN	D DIRECTORS  ☐ Change	Addition
TITLE NAME	PD ROBERSON, WILLIAM M 6095 OXBOW BEND LANE	Delete	TITI NAI STE				Change	Addition
CITY-ST-ZIP	PORT ORANGE FL 32128	Delete		Y-ST-ZIP			☐ Change	Addition
NAME STREET ADDRESS	vstd Roberson, Stephanie L 6095 Oxbow Bend Lane	C Delete	NA STI	ME REET ADDRESS IY-ST-ZIP				
CITY-ST-ZIP	PORT ORANGE FL 32128	~ □ Delete	*~ 111	LE	<del>-</del>		Change	Addition
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CITY-ST-ZIP TITLE		☐ Delete	TI	TLE AME			☐ Change	☐ Addition
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CITY-ST-ZIP				TLE			Change	Addition
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STREET ADDRESS CITY-ST-ZIP		A STATE OF THE STA	.c	ITY-ST-ZIP	The second	The second secon	☐ Change	Addition
TITLE NAME STREET ADDRESS		Delete	N S	ITLE IAME TREET ADDRESS				
	certify that the information supplied v	rith this filing does not qualify		exemption stated in	n Section	n 119.07(3)(i), Florida Statutes. I further e legal effect as if made under oath; tha	certify that the tlam an office	information or director

I nereby 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 supplier field 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 trastee 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: