

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90185 029 \*\*\*150.00

**DOCUMENT # P02000084899**

1. Entity Name  
**PROFESSIONAL NURSE STAFFING, INC.**



Principal Place of Business  
**122 WEST FORT DADE AVENUE  
BROOKSVILLE FL 34601**

Mailing Address  
**122 WEST FORT DADE AVENUE  
BROOKSVILLE FL 34601**

2. Principal Place of Business

3. Mailing Address  
**3355 Bearss Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Tampa, Florida**

4. FEI Number  
**22-3865840**

Applied For  
Not Applicable

Zip

Country

Zip  
**33618**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145**

Name **Walter Sanders**  
Street Address (P.O. Box Number is Not Acceptable)  
**3355 Bearss Avenue**  
City **Tampa** FL Zip Code **33618**

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 **Walter Sanders** **Walter Sanders** **2/5/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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 ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Delete  
NAME **KUJAWSKI, GAIL L**  
STREET ADDRESS **122 WEST FORT DADE AVENUE**  
CITY-ST-ZIP **BROOKSVILLE FL 34601**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Gail Kujawski** **2/5/03**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)