

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

AMENDED Uniform Business Report

DOCUMENT # *P02000084899*

1. Entity Name

Professional Nurse Staffing, Inc.



FILED

03 JUN 24 PM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

122 West Fort Dade Avenue

Suite, Apt. #, etc.

3. Mailing Address

3355 Bearss Avenue

Suite, Apt. #, etc.

100021281211

07/03/03--01003--006 **70.00

DO NOT WRITE IN THIS SPACE

City & State

Brooksville, Florida

Zip

34601

Country

USA

City & State

Tampa, Florida

Zip

33618

Country

USA

4. FEI Number

22-3865840

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Walter Sanders

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

3355 Bearss Ave

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

Signature, typed or printed name of registered agent and title if applicable.

Walter Sanders

(NOTE: Registered Agent signature required when reinstating)

6/23/03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE *P*
NAME *Kujawski, Gail L.*
STREET ADDRESS *122 West Fort Dade Avenue*
CITY-ST-ZIP *Brooksville, Florida 34601*

TITLE *VP*
NAME *Moore, Garry*
STREET ADDRESS *25260 Wise Place*
CITY-ST-ZIP *Cable, MI 49055*

TITLE *Sec/Treas*
NAME *Head, John K.*
STREET ADDRESS *308 L 53rd Avenue East*
CITY-ST-ZIP *Bradenton, Florida 34203*

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**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

John K. Head

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John K. Head

6/23/03

Date

Daytime Phone #

CR2E034B (12/02)