

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90040 050 ***150.00

DOCUMENT # P02000093763

1. Entity Name

Nurse Link Inc.



DO NOT WRITE IN THIS SPACE

90131001

2. Principal Place of Business

809 East Bloomingdale Ave.

3. Mailing Address

809 East Bloomingdale Ave.

Suite, Apt. #, etc.

399

Suite, Apt. #, etc.

399

City & State

Brandon, FL

City & State

Brandon, FL

4. FEI Number

134243561

Applied For

Not Applicable

Zip

33511

Country

USA

Zip

33511

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Jefferd C. Oglesby**

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

809 East Bloomingdale Avenue #399

City **Brandon, FL**

FL

Zip Code
33511

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

Jefferd C. Oglesby – President

05/01/03

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

(NOTE: Registered Agent signature required when reinstating)

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
NAME
STREET ADDRESS
CITY - ST - ZIP

P Jefferd C. Oglesby
809 East Bloomingdale Ave. #399
Brandon, FL 33511

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

V Sandra Stanley-Oglesby
809 East Bloomingdale Ave. #399
Brandon, FL 33511

TITLE
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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:

Jefferd C. Oglesby

05/01/03

813-748-8097

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)