


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

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90133 023 ***150.00

DOCUMENT # P04000098003
1. Entity Name
The Pool Nurse Of The FL Keys Inc



DO NOT WRITE IN THIS SPACE

14016030

2. Principal Place of Business
25225 Margaret St
Suite, Apt. #, etc.

3. Mailing Address
PO Box 420366
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Summerland Key, FL

City & State
Summerland Key, FL

Zip
33042

Country
US

Zip
33042-036

Country
US

4. FEI Number **04-3794501**

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **Laura A Wilson**

Street Address (P.O. Box Number is Not Acceptable)
25225 Margaret St

City **Summerland Key** **FL** Zip Code **33042**

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 reinstating)

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 Laura A Wilson 25225 Margaret St Summerland Key, FL 33042	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:  DATE: **1/26/2005** **305)393-2321**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime phone #