

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000029439

1. Entity Name

NAPLES NURSING SERVICE, INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90007 033 ***150.00

Principal Place of Business

Mailing Address

130 N. TAMiami TRAIL
SUITE 130
NAPLES FL 34102
US

ACCOUNTING OFFICE
4700 FOREST DR., SUITE 200
COLUMBIA SC 29206-3119

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Accounting Office

413 Shallowbrook Rd.

City & State

City & State

Columbia S.C.

Zip

Country

Zip

Country

29223

USA

4. FEI Number

65-0429904

Applied For

Not Applicable

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

KILGORE, GREG C
1960 7TH STREET SOUTH
NAPLES FL 33940

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	KILGORE, JACK L	
STREET ADDRESS	413 SHALLOWBROOK DRIVE	
CITY-ST-ZIP	COLUMBIA SC 29223	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KILGORE, ANNA J	
STREET ADDRESS	413 SHALLOWBROOK DRIVE	
CITY-ST-ZIP	COLUMBIA SC 29223	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Anna J. Kilgore ANNA J. KILGORE

4-3-00

Date

Daytime Phone #

CR2E034 (9/99)