

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90185 003 ***150.00

DOCUMENT # P93000029439

1. Entity Name

NAPLES NURSING SERVICE, INC.

Principal Place of Business

130 N. TAMiami TRAIL
 SUITE 130
 NAPLES FL 34102
 US

Mailing Address

ACCOUNTING OFFICE
 413 SHALLOWBROOK RD
 COLUMBIA SC 29223

2. Principal Place of Business

5020 Tamiami Trail N

3. Mailing Address

Suite, Apt. #, etc.

Suite 116

City & State

Naples Fla.

City & State

Zip

34103

Country

Collier

Zip

Country

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

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

7. Name and Address of New Registered Agent

Name

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

1474 Via Portofino

City Naples

FL

Zip Code
 34108

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]

(GREG KILGORE)

3-6-01

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, 2001 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

TITLE P
 NAME KILGORE, JACK L
 STREET ADDRESS 413 SHALLOWBROOK DRIVE
 CITY-ST-ZIP COLUMBIA SC 29223 ☒ Delete

TITLE VP
 NAME KILGORE, ANNA J
 STREET ADDRESS 413 SHALLOWBROOK DRIVE
 CITY-ST-ZIP COLUMBIA SC 29223 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Greg C. Kilgore
 NAME
 STREET ADDRESS 1474 Via Portofino
 CITY-ST-ZIP Naples, Fla 34108 ☒ Change ☐ Addition

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

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

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

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

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

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:

[Signature]

(GREG KILGORE)

3-6-01

(941)593-2325

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)