

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000042541**

1. Entity Name

NURSES ON CALL INC.**FILED**
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90038 030 ***150.00

Principal Place of Business

**6704 C PLANTATION RD
UNIT B
PENSACOLA FL 32504
US**

Mailing Address

**7217 TWIN LAKES LANE
PENSACOLA FL 32534**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3253094**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**KEIEK, ANN
6702 B PLANTATION RD STE A
PENSACOLA FL 32504**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change	☐ Addition
P	COBB, ANN	7217 TWIN LAKES LANE	PENSACOLA FL	☐					☐	☐
VP	WORTHLAKE, LAURA	5910 WALTON ST	PENSACOLA FL	☐					☐	☐
ST	KEELK, PETER	7217 TWINLAKES LANE	PENSACOLA FL	☐					☐	☐
D	COBB, CAROL	5910 WALTON ST	PENSACOLA FL	☐					☐	☐
				☐					☐	☐
				☐					☐	☐

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/01 8885173065

Date

Daytime Phone #

CR2E034 (10/00)