

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

DOCUMENT # P96000045703

1. Entity Name

GOLDEN GIRLS NURSE REGISTRY, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

12794 W. Forest Hill Blvd.

Suite, Apt. #, etc.  
Suite 1-B

3. Mailing Address

12794 W. Forest Hill Blvd.

Suite, Apt. #, etc.  
Suite 1-B

City & State  
Wellington, Florida

City & State  
Wellington, Florida

Zip  
33414

Country  
Palm Beach

Zip  
33414

Country  
Palm Beach

4. FEI Number

65-0677441

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name  
Alicia Laine

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

12794 W. Forest Hill Blvd.

Suite 1-B

City  
Wellington

FL

Zip Code  
33414

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IN THIS SPACE**

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.

Alicia Laine, President

(NOTE: Registered Agent signature required when reinstating)

10-30-02

DATE

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

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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	NAME	STREET ADDRESS	CITY-ST-ZIP
President-Treasurer	Alicia Laine	12794 W. Forest Hill Blvd., Suite 1-B	Wellington, Fl. 33414
Vice President - Secretary	Paul Laine	12794 W. Forest Hill Blvd, Suite 1-B	Wellington, Fl. 33414
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Alicia Laine 10-30-02 561-795-4667

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)