

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90138 035 ***158.75

DOCUMENT # P96000045708



1. Entity Name
GOLDEN GIRLS NURSE REGISTRY, INC.

Principal Place of Business
12794 W FOREST HILL BLVD
SUITE 1-B
WELLINGTON FL 33414
US

Mailing Address
12794 W FOREST HILL BLVD
SUITE 1-B
WELLINGTON FL 33414
US



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0677441**

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

LAINE, ALICIA
12794 W FOREST HILL BLVD
SUITE 1-B
WELLINGTON FL 33414

Name **S. STEINBERGER**
Street Address (P.O. Box Number is Not Acceptable) **12794 FOREST HILL BLVD, 1-B**
1
City **WELLINGTON** **FL** **Zip Code** **33414**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **1-16-03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete |
|-------|---------------|-------------------------------|---------------------|-------------------------------------|
| PT | LAINE, ALICIA | 12794 W FOREST HILL BLVD 1-B | WELLINGTON FL 33414 | <input checked="" type="checkbox"/> |
| VS | LAINE, PAUL E | 12794 W FOREST HILL BLVD, 1-B | WELLINGTON FL 33414 | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change | Addition |
|-------|------------------|--------------------------------|-----------------------|-------------------------------------|--------------------------|
| PT | M.E. STEINBERGER | 12794 W. FOREST HILL BLVD, 1-B | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| VS | S. STEINBERGER | 12794 W. FOREST HILL BLVD, 1-B | WELLINGTON, FL. 33414 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **1-16-03** **561-795-4667**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)