

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000104318

1. Entity Name

NURSES AND NANNIES, INC.

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90017 044 ***150.00

Principal Place of Business

3220 17TH ST.
SARASOTA FL 34242

Mailing Address

3220 17TH ST.
SARASOTA FL 34235-8902

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0744511

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

SNELLING, JEFFREY P
2201 RINGLING BLVD., STE. 201
SARASOTA FL 34237

Name: **Phil AGNES**
Street Address (P.O. Box Number is Not Acceptable)
3220 17th STREET

City **SARASOTA** FL Zip Code **34235**

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 *Phil Agnes* **Phil AGNES** **5-01-00**
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 VS ☐ Delete
NAME SNELLING, JEFFREY P
STREET ADDRESS 2201 RINGLING BLVD.
CITY-ST-ZIP SARASOTA FL 34237

TITLE VP, T. ☒ Change ☐ Addition
NAME AGNES, Phil
STREET ADDRESS 3220 17th STREET
CITY-ST-ZIP SARASOTA, FL. 34235

TITLE T ☐ Delete
NAME AGNES, PHIL
STREET ADDRESS 2201 RINGLING BLVD.
CITY-ST-ZIP SARASOTA FL 34237

TITLE P, SEC. ☒ Change ☐ Addition
NAME RONAN, Cynthia M.
STREET ADDRESS 1315 GEORGETOWNE CIRCLE
CITY-ST-ZIP SARASOTA, FL. 34232

TITLE P ☐ Delete
NAME RONAN, CYNTHIA M
STREET ADDRESS 1315 GEORGETOWNE CIRCLE
CITY-ST-ZIP SARASOTA FL 34234

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Cynthia M. Ronan* **Cynthia M. Ronan** **5-1-00 (941) 365-6707**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR 1E034 (9/98)