

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2001 8:00 am**  
**Secretary of State**

02-27-2001 90339 003 \*\*\*158.75

**DOCUMENT # P97000011977**

1. Entity Name

**SUMMIT NURSING SERVICES, INC.**

Principal Place of Business

441 S. STATE RD 7  
 19-B  
 MARGATE FL 33063

Mailing Address

P.O. BOX 490303  
 FT. LAUDERDALE FL 33349

**721148**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

441 S. STATE RD 7

3. Mailing Address

P.O. BOX 490303

Suite, Apt. #, etc.

19B

Suite, Apt. #, etc.

FT. LAUDERDALE

City & State

Margate FL

City & State

FL

4. FEI Number

65-0725285

Applied For

Not Applicable

Zip

333063

Country

U.S.A.

Zip

33349

Country

U.S.A.

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KELLY, MELVA  
 441 S. STATE RD 7  
 SUITE 19-B  
 MARGATE FL 33063

7. Name and Address of New Registered Agent

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 State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE: PST  
 NAME: KELLY, MELVA  
 STREET ADDRESS: 441 S. STATE RD 7, SUITE 19-B  
 CITY-ST-ZIP: MARGATE FL 33063 ☐ Delete

TITLE: ☐ Delete  
 NAME: ☐ Delete  
 STREET ADDRESS: ☐ Delete  
 CITY-ST-ZIP: ☐ Delete

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TITLE: ☐ Delete  
 NAME: ☐ Delete  
 STREET ADDRESS: ☐ Delete  
 CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: President ☒ Change ☐ Addition  
 NAME: melva kelly  
 STREET ADDRESS: 441 S. State Rd 7 Suite 19B  
 CITY-ST-ZIP: Margate, FL 33068

TITLE: Vice President ☐ Change ☒ Addition  
 NAME: Banville Barrett  
 STREET ADDRESS: 441 S. State Rd 7, Suite 19B  
 CITY-ST-ZIP: Margate, FL 33068

TITLE: Secretary/Treasurer ☐ Change ☒ Addition  
 NAME: Richard Thelwell  
 STREET ADDRESS: 441 S. State Rd 7, Suite 19B  
 CITY-ST-ZIP: Margate, FL 33068

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

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

TITLE: ☐ Change ☐ Addition  
 NAME: ☐ Change ☐ Addition  
 STREET ADDRESS: ☐ Change ☐ Addition  
 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: Melva Kelly Melva Kelly, President. 954-984-PP05  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

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