

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90127 013 ***158.75

DOCUMENT # P97000011977

1. Entity Name
SUMMIT NURSING SERVICES, INC.

Principal Place of Business

441 S. STATE RD 7
19-B
MARGATE FL 33068

Mailing Address

P.O. BOX 490303
FT. LAUDERDALE FL 33349

2. Principal Place of Business

541 S. State Rd 7

3. Mailing Address

P.O. Box 490303

Suite, Apt. #, etc.

9

Suite, Apt. #, etc.

FL - Lauderdale

City & State

Margate FL

City & State

Florida

Zip

33068

Country

Broward

Zip

33349

Country

Broward

6. Name and Address of Current Registered Agent

KELLY, MELVA
441 S. STATE RD 7
SUITE 19-B
MARGATE FL 33068

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, 2002 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	P	<input type="checkbox"/> Delete
NAME	KELLY, MELVA	
STREET ADDRESS	441 S. STATE RD 7, SUITE 19-B	
CITY-ST-ZIP	MARGATE FL 33068	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BARRETT, BANVILLE	
STREET ADDRESS	441 S. STATE RD 7 SUITE 19B	
CITY-ST-ZIP	MARGATE FL 33068	
TITLE	ST	<input type="checkbox"/> Delete
NAME	THELWELL, RICHARD	
STREET ADDRESS	441 S. STATE RD 7, SUITE 19	
CITY-ST-ZIP	MARGATE FL 33068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #

CR2E034 (9/01)