

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

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

04-09-2002 91165 050 \*\*\*150.00

DOCUMENT # P97000033964

1. Entity Name

Florida Nursing Network, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

5623 US Hwy 19  
Suite, Apt. #, etc.  
Suite 108

3. Mailing Address

5623 US Hwy 19  
Suite, Apt. #, etc.  
Suite 108

City & State

New Port Richey FL

City & State

New Port Richey FL

Zip

34652

Country

Zip

34652

Country

4. FEI Number

593483158

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Lawrence Eberle

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

5623 US Hwy 19

Suite 108

City

New Port Richey FL

Zip Code

34652

**DO NOT WRITE  
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.

(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) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$200.00  
Amended UBR is \$91.20  
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  
P.O.  
Lawrence Eberle  
5623 US Hwy 19 Suite 108  
New Port Richey FL 34652

TITLE  
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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:

Lawrence Eberle

Lawrence Eberle Pres 3-25-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #