

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000075784

1. Entity Name
NURSE STAFFING, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90284 045 ***150.00

Principal Place of Business
933 LEE RD. #325
ORLANDO FL 32810
US

Mailing Address
933 LEE RD. #325
ORLANDO FL 32810-5542
US

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 59-3464612

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

LOUGHRAN, LEO J
180 TOLLGATE BRANCH
LONGWOOD FL 32750

Name PHIL CRISTELLO
Street Address (P.O. Box Number is Not Acceptable)
641 PARK VALLEY CIRCLE
City CLEMONT FL Zip Code 34711

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 4/28/00

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	D LOUGHRAN, LEO J	180 TOLLGATE BRANCH	LONGWOOD FL 32750	<input checked="" type="checkbox"/>
	DVP PST CRISTELLO, FELIX A	641 PK VALLEY CIR	CLEMONT FL	<input type="checkbox"/>
	DVP GRIASSAM, ALLEN C	3100 UNIVERSITY BLVD. S., #332	JACKSONVILLE FL 32216	<input type="checkbox"/>
	DST LOUGHMAN, NADINE	180 TALL GATE BRANCH	LONGWOOD FL 32750	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	DST FELIX A. CRISTELLO	641 PARK VALLEY CIRCLE	CLEMONT, FL 34711	<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"/>

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

Date

Daytime Phone #

CR2E034 (9/99)