

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # P97000075784**1. Entity Name
NURSE STAFFING, INC.

Principal Place of Business 933 LEE RD, #325 ORLANDO FL 32810 US	Mailing Address 933 LEE RD, #325 ORLANDO FL 32810 US
--	--

2. Principal Place of Business 933 LEE RD	3. Mailing Address 933 LEE RD
--	----------------------------------

Suite, Apt. #, etc. SUITE 325	Suite, Apt. #, etc. SUITE 325
----------------------------------	----------------------------------

City & State ORLANDO FL	City & State ORLANDO FL
----------------------------	----------------------------

Zip 32810	Country US	Zip 32810	Country US
--------------	---------------	--------------	---------------

4. FEI Number
59-3464612
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentCRISTELLO PHIL
641 PARK VALLEY CIRCLECLERMONT FL
34711**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 _____ **04/27/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	DVP	<input type="checkbox"/> Delete
NAME	GRIASSAM ALLEN C	
STREET ADDRESS	3100 UNIVERSITY BLVD. S., #332	
CITY-ST-ZIP	JACKSONVILLE FL 32216	

TITLE	DSPT	<input type="checkbox"/> Delete
NAME	CRISTELLO FELIX A	
STREET ADDRESS	641 PK VALLEY CIR	
CITY-ST-ZIP	CLEMONT FL	

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		

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRISSOM ALLEN C	
STREET ADDRESS	345 BAYSHORE BLVD., #1009	
CITY-ST-ZIP	TAMPA FL 33606	

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

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		
STREET ADDRESS		
CITY-ST-ZIP		

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		
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: FELIX CRISTELLO

P

04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)