

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90089 001 ***163.75

DOCUMENT # P98000032885

1. Entity Name

WORKING NURSES INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6920 N.W. 34th

3. Mailing Address

6920 N.W. 34th ST

DO NOT WRITE IN THIS SPACE

City & State
MARGATE, FL

Country
USA

City & State
MARGATE, FL

Country
USA

4. FEI Number

651001994

Applied For
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name:

CLAUDETTE PORTER

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

6920 N.W. 34th ST

City

MARGATE

FL

Zip Code
33063

**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

Claudette Porter

CLAUDETTE PORTER

4/25/02

(Signature typed or printed name of registered agent and date of appointment)

(NO FL Registered Agent signature required when substituting)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

January 1 - May 1 Fee is \$180.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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: PRESIDENT & DIRECTOR
NAME: CLAUDETTE PORTER
STREET ADDRESS: 6920 N.W. 34th ST
CITY - ST - ZIP: MARGATE, FL. 33063-8043

TITLE: VICE PRESIDENT
NAME: CARL PORTER
STREET ADDRESS: 6920 N.W. 34th ST
CITY - ST - ZIP: MARGATE, FL. 33063-8043

TITLE: SECRETARY & TREASURER
NAME: CLAUDETTE PORTER
STREET ADDRESS: 6920 N.W. 34th ST
CITY - ST - ZIP: MARGATE, FL. 33063-8043

TITLE: SECRETARY
NAME: CHARLESHA PORTER
STREET ADDRESS: 6920 N.W. 34th ST
CITY - ST - ZIP: MARGATE, FL. 33063

TITLE
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Claudette Porter CLAUDETTE PORTER

4/25/02

954-796-4404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

CONTACT NUMBER

CR2E004B (12/01)