

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 27, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P98000072008**1. Entity Name  
NURSE STAFFING INC. OF JACKSONVILLE

Principal Place of Business	Mailing Address
3100 UNIVERSITY BLVD SOUTH	933 LEE RD
332	325
JACKSONVILLE FL	ORLANDO FL
32216 US	32810

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3528976**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**LOUGHRAN LEO  
180 TOLLGATE BRANCELONGWOOD FL  
32750 US**7. Name and Address of New Registered Agent**Name  
CRISTELLO PHILStreet Address (P.O. Box Number is Not Acceptable)  
641 PARK VALLEY CIRCLECity  
CLERMONT 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 **PHIL CRISTELLO****04/27/2001**

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, 2001 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	SDT	<input checked="" type="checkbox"/> Delete
NAME	LOUGHAM NADINE	
STREET ADDRESS	180 TOLL GATE BRANCH	
CITY-ST-ZIP	LONGWOOD FL 32750	

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

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

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

TITLE	DV	<input type="checkbox"/> Delete
NAME	CRISTELLO FELIX	
STREET ADDRESS	641 PK VALLEY CIRCLE	
CITY-ST-ZIP	CLERMONT FL	

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	DP	<input type="checkbox"/> Delete
NAME	LOUGHRAN LEO J	
STREET ADDRESS	180 TOLL GATE BRANCH	
CITY-ST-ZIP	LONGWOOD FL 32750	

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

TITLE		<input type="checkbox"/> Delete
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"/> Delete
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)