

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 23, 2000 8:00 am
Secretary of State
 02-23-2000 90014 021 ***150.00

DOCUMENT # P98000073621

1. Entity Name

ELITE NURSE CONSULTANTS, INC.

Principal Place of Business

7101 16TH AVE., NW
 BRADENTON FL 34209

Mailing Address

7316 MANATEE AVE W. #248
 BRADENTON FL 34209-3441

- Same -

2. Principal Place of Business

5026 WATEROAK DRIVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit # 204

City & State

Bradenton, FL.

City & State

Zip

34207

Country

U.S.A.

Zip

Country

4. FEI Number

65-0859297

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

HANNIS
MOSLEY, CHRISTINE T
7101 16TH AVE., NW
BRADENTON FL 34209

*Legal name is -
 already reg'd
 D.O.C.*

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

Christine T. Hannis President
CHRISTINE T. HANNIS PRESIDENT

Feb 8, 00

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, 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 **D** ☐ Delete
 NAME **MOSLEY, CHRISTINE T**
 STREET ADDRESS **7101 16TH AVE., NW**
 CITY-ST-ZIP **BRADENTON FL 34209**

SEE ABOVE

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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)(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:

CHRISTINE T. HANNIS PRESIDENT
Christine T. Hannis President

Feb 8, 00

(941) 7305349

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)