2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 08:00 AM
Secretary of State

DOCUMENT # **P98000077448**

1. Entity Name
LEGAL NURSE CONSULTING SERVICES, INC.

Principal Place of Business	Mailing Address
4707 MESA VERDE DRIVE	4069 13TH STREET
	SUITE 112
ST. CLOUD FL	ST. CLOUD FL
347691626 US	347696701 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number ☐ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent

STEIN ROBERT WIII
4707 MESA VERDE DRIVE
ST. CLOUD FL
347691626

7. Name and Address of New Registered Agent

Name: STEIN ROBERT WIII
Street Address (P.O. Box Number is Not Acceptable): 4707 MESA VERDE DRIVE
City: ST. CLOUD **FL** Zip Code: 347691626

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 ______________________ 04/06/2001
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	V ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	STEIN KAREN D	NAME	
STREET ADDRESS	4707 MESA VERDE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ST. CLOUD FL 347691626	CITY-ST-ZIP	
TITLE	STP ☐ Delete	TITLE	STP ☒ Change ☐ Addition
NAME	STEIN ROBERT WIII	NAME	STEIN ROBERT WIII
STREET ADDRESS	4707 MESA VERDE DRIVE	STREET ADDRESS	4707 MESA VERDE DRIVE
CITY-ST-ZIP	ST. CLOUD FL 347691626	CITY-ST-ZIP	ST. CLOUD FL 347691626
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (11/00)

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: ROBERT W. STEIN, III STP 04/06/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #