

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90168 003 ***150.00

0077531 AV

DOCUMENT # P98000082334

1. Entity Name

CENTRAL FLORIDA LEGAL NURSE CONSULTANTS, INC.

Principal Place of Business

Mailing Address

**1653 WINDY BLUFF POINT
 LONGWOOD FL 32750**

**1653 WINDY BLUFF POINT
 LONGWOOD FL 32750**

2. Principal Place of Business

1565 Westover Loop

3. Mailing Address

1565 Westover Loop

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Heathrow, Florida

City & State

Heathrow, Florida

Zip

32746

Country

Seminole

Zip

32746

Country

Seminole

4. FEI Number

59-3544283

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BARRY, CONNIE L

**1653 WINDY BLUFF POINT
 LONGWOOD FL 32750**

**1565 Westover Loop
 Heathrow, Florida 32746**

7. Name and Address of New Registered Agent

Name

Barry, Connie L.

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

1565 Westover Loop

City

Heathrow

FL

Zip Code

32746

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 **Connie Lou Barry**

Signature, typed or printed name of registered agent and title if applicable.

Connie Lou Barry

(NOTE: Registered Agent signature required when reinstating)

3/18/02

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, 2002 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

TITLE **D** ☐ Delete
 NAME **BARRY, CONNIE L**
 STREET ADDRESS **1653 WINDY BLUFF POINT**
 CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE **PVST** ☐ Delete
 NAME **BARRY, CONNIE L**
 STREET ADDRESS **1653 WINDY BLUFF POINT**
 CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **Barry, Connie L.**
 STREET ADDRESS **1565 Westover Loop**
 CITY-ST-ZIP **Heathrow, Florida 32746**

TITLE **PVST** ☒ Change ☐ Addition
 NAME **Barry, Connie L.**
 STREET ADDRESS **1565 Westover Loop**
 CITY-ST-ZIP **Heathrow, Florida 32746**

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Connie Lou Barry / President

Date

3/18/02

Daytime Phone #

(407) 829-8909

CR2E034 (9/01)