2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 05, 2003
Secretary of State

DOCUMENT# P98000101642

Entity Name: NURSESTOP INC.

Current Principal Place of Business:

6090 W 18 AVE
334
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

6090 W 18 AVE
334
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 65-0882559 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NAPOLES, MERCEDES C
6090 W 18 AVE
334
HIALEAH, FL 33012

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: NAPOLES, MERCEDES C
Address: 6090 W 18 AVE # 334
City-St-Zip: HIALEAH, FL 33012

Title: VSTD ( ) Delete
Name: NAPOLES, ADRIAN
Address: 6090 W 18 AVE # 334
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADRIAN NAPOLES VP 01/05/2003

Electronic Signature of Signing Officer or Director — Date