

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000025812

1. Entity Name

NURSE STAFFING OF TAMPA, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90787 012 ***150.00

Principal Place of Business

Mailing Address

180 TOLLGATE BRANCH
LONGWOOD FL 32750

180 TOLLGATE BRANCH
LONGWOOD FL 32750-3882

2. Principal Place of Business

933 LEE RD.

3. Mailing Address

933 LEE RD.

Suite, Apt. #, etc.

SUITE 325

Suite, Apt. #, etc.

SUITE 325

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32810

Country

USA

Zip

32810

Country

USA

4. FEI Number

59-3565530

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOUGHRAN, LEO
180 TOLLGATE BRANCH
LONGWOOD FL 32750

7. Name and Address of New Registered Agent

Name

PHIL CRISTELLO

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

641 PARK VALLEY CIRCLE

City

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/00

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

TITLE PSTD
NAME LOUGHRAN, LEO
STREET ADDRESS 180 TOLLGATE BRANCH
CITY-ST-ZIP LONGWOOD FL 32750 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME PHIL CRISTELLO
STREET ADDRESS 641 PARK VALLEY CIR.
CITY-ST-ZIP CLERMONT, FL 34711 ☐ Change ☒ Addition

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER: OFFICER OR DIRECTOR

CRISTELLO

Date

Daytime Phone #

4/28/00 407-599-5600

CR2E034 (9/99)