

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000025820

1. Entity Name

NURSE STAFFING OF ST. PETERSBURG, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90315 021 ***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.

Suite, Apt. #, etc.

SUITE 325

City & State

ORLANDO, FL

Zip

32711

Country

USA

3. Mailing Address

933 LEE RD

Suite, Apt. #, etc.

SUITE 325

City & State

ORLANDO, FL

Zip

32711

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3595656

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

32711

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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TITLE
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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
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
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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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 SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PHIL CRISTELLO 4/28/00 407-599-5600

CR2E034 (9/99)