

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000065065

1. Entity Name

ABUNDANT MEDICAL STAFFING, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90187 032 ***158.75

Principal Place of Business

Mailing Address

P.O. BOX 19156
PLANTATION FL 33318

P.O. BOX 19156
PLANTATION FL 33318-0156

2. Principal Place of Business

P.O. Box 19156

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 19156

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Plantation, FL

City & State

Plantation, FL

4. FEI Number

65-0935 751

Applied For

Not Applicable

Zip

33318

Country

USA

Zip

33318

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCINTOSH, CLIVE O
4164 INVERRARY DRIVE, #615
LAUDERHILL FL 33319

Name

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

City

FL

Zip Code

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME CUMMINGS, PHILLIP
STREET ADDRESS P.O. BOX 19156
CITY-ST-ZIP PLANTATION FL 33318 ☒ Delete

TITLE PD
NAME Clive McIntosh
STREET ADDRESS P.O. Box 19156
CITY-ST-ZIP Plantation, FL 33318 ☒ Change ☐ Addition

TITLE D
NAME MCINTOSH, CLIVE
STREET ADDRESS P.O. BOX 19156
CITY-ST-ZIP PLANTATION F; 33318 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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: Clive O' Brian McIntosh *Clive O' Brian McIntosh* 2/18/00 (954) 412-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)