

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90115 043 \*\*\*158.75

**DOCUMENT # P99000065065**

1. Entity Name

**ABUNDANT MEDICAL STAFFING, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 19156  
PLANTATION FL 33318

P.O. BOX 19156  
PLANTATION FL 33318

2. Principal Place of Business

3. Mailing Address

**4267 N.W. Federal Hwy**

**4267 N.W. Federal Hwy**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 110**

**Suite 110**

City & State

City & State

**Jensen Bch, Florida**

**Jensen Bch, Florida**

Zip

Country

Zip

Country

**34957**

**USA**

**34957**

**USA**

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 **Clive O'Brian McIntosh**

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

**878 NE Kubin Ave**

City

**Jensen Bch**

FL

Zip Code

**34957**

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]*

**1-12-01**

Signature, typed or printed name of registered agent and file 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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PD MCINTOSH, CLIVE PO BOX 19156 PLANTATION FL 33318	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCINTOSH, Clive 878 NE Kubin Ave Jensen Bch, FL 34957	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Clive O'Brian McIntosh**  
Date

**-12-01 541-232-1479**  
Daytime Phone #

043-773

CR2E034 (10/00)