

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000065065

1. Entity Name
ABUNDANT MEDICAL STAFFING, INC.

Principal Place of Business

4267 NW FEDERAL HWY
SUITE 110
JENSEN BEACH FL 34957

Mailing Address

4267 NW FEDERAL HWY
SUITE 110
JENSEN BEACH FL 34957

2. Principal Place of Business

13833 Wellington Trace
Suite, Apt. #, etc.
E4-216

3. Mailing Address

13833 Wellington Trace
Suite, Apt. #, etc.
E4-216

City & State

Wellington, FL

City & State

Wellington, FL

Zip

33414

Country

Palm Beach

Zip

33414

Country

Palm Beach

6. Name and Address of Current Registered Agent

MCINTOSH, CLIVE O'BRIAN
878 NE RUBIN AVE
JENSEN BEACH FL 34957

4. FEI Number

65-0935751

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Clive O'Brian McIntosh

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

4506 Hunting Trail

City

Lake Worth

FL

Zip Code

33467

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9/1/02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 PD
NAME MCINTOSH, CLIVE
STREET ADDRESS 878 NE RUBIN AVE
CITY-ST-ZIP JENSEN BEACH FL 34957

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME MCINTOSH, CLIVE
STREET ADDRESS 4506 Hunting Trail
CITY-ST-ZIP Lake Worth, FL 33467

☒ 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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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

9/1/02 561-966-4887

Date

Daytime Phone #

CR2E034 (4/02)



DO NOT WRITE IN THIS SPACE