FILED
Jul 02, 2002 8:00 am
Secretary of State
07-02-2002 90810 049 ***150.00

2002 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000072826

1. Entity Name

LAWS-LEGAL-NURSE-CONSULTING CORPORATION

DO NOT WRITE IN THIS SPACE

B0126602

2. Principal Place of Business	3. Mailing Address
87 N. WINTER PARK DRIVE	P.O. BOX 700335
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: CASSELBERRY, FL	City & State: ST. CLOUD, FL
Zip: 32707 Country	Zip: 34770-0335 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3592708 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: LAWS, CHERYL

Street Address (P.O. Box Number is Not Acceptable): 87 N. WINTER PARK DRIVE

City: CASSELBERRY **FL** Zip Code: 32707

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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: D NAME: CONSTATINE, NICHOLAS STREET ADDRESS: 87 N. WINTER PARK DRIVE CITY-ST-ZIP: CASSELBERRY, FL 32707	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: D NAME: LAWS, CHERYL STREET ADDRESS: 87 N. WINTER PARK DRIVE CITY-ST-ZIP: CASSELBERRY, FL 32707	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E034B (12/01)

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 on an attached sheet with an address, with all other like empowered.

SIGNATURE: Nicholas A. Constantine NICHOLAS CONSTANTINE APRIL 30, 02 407 695-77292
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #