

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V48594

1. Entity Name

PROFESSIONAL NURSES CORPORATION

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90079 029 \*\*\*150.00

Principal Place of Business

1744 W 16TH ST  
JACKSONVILLE FL 32209  
US

*Wrong Address*

Mailing Address

PO BOX 441403  
JACKSONVILLE FL 32222-0014  
US

2. Principal Place of Business

1700 WELLS ROAD

3. Mailing Address

P.O. Box 441403

Suite, Apt. #, etc.

#7

Suite, Apt. #, etc.

City & State

ORANGE PARK, FL 32073

City & State

JACKSONVILLE, FL 32222-0014

Zip

32073

Country

-

Zip

32222

Country

-



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3130396

Applied For

Not Applicable

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

ARMSTRONG, JANISE RN  
9044 CAMSHIRE DR.  
JACKSONVILLE FL 32244

Name

JOHN F. TOLSON, JR.

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

ATTORNEY AT LAW

2301 PARK AVENUE, SUITE 400

City

ORANGE PARK

FL

Zip Code

32073

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]*

JOHN F. TOLSON JR

2/7/00

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 NAME STREET ADDRESS CITY-ST-ZIP	DP ARMSTRONG, JANISE L. 9044 CAMSHIRE DR. JACKSONVILLE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT ARMSTRONG, C. A. 9044 CAMSHIRE DR. JACKSONVILLE FL	<input checked="" type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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

February 7, 2000

Date

(904) 215-1322

Daytime Phone #

CR2E034 (9/99)