

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90141 001 \*\*\*150.00

**DOCUMENT # J48603**

1. Entity Name  
**FLORIDA TRANSCOR, INC.**



Principal Place of Business  
**6683 STUART AVE  
JACKSONVILLE FL 32254**

Mailing Address  
**6683 STUART AVE  
JACKSONVILLE FL 32254**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2747500**

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**

~~KRUGER, NANCY B~~  
**6683 STUART AVE  
JACKSONVILLE FL 32254**

Name: **P. Brian Nelson**

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

**6683 Stuart Ave**

City **Jacksonville**

**FL**

Zip Code **32254**

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

**4/16/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>NELSON, STEVEN H</b>	
STREET ADDRESS	<b>3310 FRICK ROAD BLDG D</b>	
CITY-ST-ZIP	<b>HOUSTON TX 77086</b>	
TITLE	<b>PRES</b>	<input type="checkbox"/> Delete
NAME	<b>KRUGER, NANCY B</b>	
STREET ADDRESS	<b>7962 LOS ROBLES COURT</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32256</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>CEO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>"</b>	
STREET ADDRESS	<b>"</b>	
CITY-ST-ZIP	<b>"</b>	
TITLE	<b>Pres</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P. Brian Nelson</b>	
STREET ADDRESS	<b>836 Camp Johnson Rd.</b>	
CITY-ST-ZIP	<b>Orange Park FL 32065</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 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

**4/16/03 904-983-3302**  
Date Daytime Phone #

CR2E034 (10/02)