

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90136 016 ***150.00

DOCUMENT # L51157

1. Entity Name
BILL NELSON CONSTRUCTION CO., INC.



Principal Place of Business
**327 LICKSKILLET ROAD
LAMONT FL 32336
US**

Mailing Address
**P O BOX 538
MONTICELLO FL 32345-0538
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2995534**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**NELSON, BILL
ROUTE 1, BOX 158B
LAMONT FL 32336**

Name
Street Address (P.O. Box Number is Not Acceptable)
~~327 Lickskillet Road~~
City **Lamont** **FL** Zip Code **32336**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 Delete
NAME **P NELSON, BILL**
STREET ADDRESS **RT. 1, BOX 158B**
CITY-ST-ZIP **LAMONT, FL 32336**

TITLE Change Addition
NAME
STREET ADDRESS **327 Lickskillet Road**
CITY-ST-ZIP **Lamont, FL 32336**

TITLE Delete
NAME **VST NELSON, BRENDA**
STREET ADDRESS **RT. 1, BOX 158B**
CITY-ST-ZIP **LAMONT, FL 32336**

TITLE Change Addition
NAME
STREET ADDRESS **327 Lickskillet Road**
CITY-ST-ZIP **Lamont, FL 32336**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/03

850/997-8380

Date Daytime Phone #

CR2E034 (10/02)