FILED
Apr 18, 2003 8:00 am
Secretary of State
04-18-2003 90227 014 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000071694

10077921

1. Entity Name
T. R. NESLER & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
4516 COQUINA DRIVE JACKSONVILLE, FL 32250	4516 COQUINA DRIVE JACKSONVILLE, FL 32250

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
14286-19 Beach Blvd.	14286-19 Beach Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32250 Country: USA	Zip: 32250 Country: USA

4. FEI Number: 03-0465415 ☐ 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
NESLER, TRENA H 4516 COQUINA DRIVE JACKSONVILLE, FL 32250	Name: Trena Nesler Street Address (P.O. Box Number is Not Acceptable): 14286-19 Beach Blvd. City: Jacksonville FL Zip Code: 32250

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: Trena Nesler
Signature, typed or printed name of registered agent and title if applicable. (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	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	NESLER, TRENA H		NAME	
STREET ADDRESS	4516 COQUINA DRIVE		STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32250		CITY-ST-ZIP	
TITLE	EXVD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	NESLER, RONALD H		NAME	
STREET ADDRESS	4516 COQUINA DRIVE		STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32250		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (10/02)

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: Trena Nesler, Trena Nesler 4/17/03 (904)223-6061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #