2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

1495 WELLS RD.

3. Mailing Address

Suite, Apt. #, etc.

% E. MARK NELSON

ORANGE PARK FL 32073

DOCUMENT # F55619

1. Entity Name

Principal Place of Business

% E. MARK NELSON

ORANGE PARK FL 32073

Suite, Apt. #, etc.

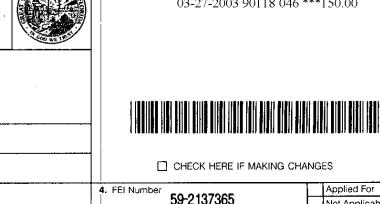
2. Principal Place of Business

1495 WELLS RD.

NELSON FINANCIAL INDUSTRIES, INC.

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FILED Mar 27, 2003 8:00 am Secretary of State 03-27-2003 90118 046 ***150.00



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City & State			City	City & State				4. FEI Number 59-2137365			Applied For Not Applicable
Zip Country Z			Zip	Zip Country							
Zip		Country	245		Court	иy		5. (Certificate of Status Desired	\$8.75 / Fee Requ	Additional Jired
	6. Name	and Address of Current	ed Agent	+ # E		7 N	fame and Address of New Register	ed Agent			
						Name		Ī			
NELSON, E. MARK						Ct-set Asia	(D.C	<u> </u>	ay Niveleas in Net Apportable)		
1495 WELLS RD.						Street Add	iress (P.C). Bi	ox Number is Not Acceptable)		
ORANGE PARK FL 32073											
ONANGE PARK FE 320/3						Oite		l i		Zip C	· · · · · · ·
						City			F	Zip C	ode
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 according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida.											th, 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											
FILE NOW!!! FEE IS \$150.00											
After May 1, 2003 Fee will be \$550.00								li	 Election Campaign Financing Trust Fund Contribution. 		.00 May Be ded to Fees
Make Check Payable to Florida Department of State									irust Funa Communion.	□ A0	led to rees
10.		OFFICERS AND	DIRECTO	RS	11.			ΑD	DITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 11
TITLE	PTD			☐ Delete	TITLE	:				☐ Chang	je 🔲 Addition
NAME	NELSON,	E. MARK			NAM	E					
STREET ADDRESS	1495 WEL	LS ROAD				ET ADDRESS		İ			
CITY-ST-ZIP	ORANGE	PARK, FL 00000			CITY	- ST-ZIP					
TITLE	VSD			☐ Delete	TITLE	:				☐ Chang	e 🗌 Addition
NAME	NELSON,	CAROLYN S.			NAM	1					
STREET ADDRESS	1495 WEL					ET ADDRESS					•
CITY-ST-ZIP	ORANGE	PARK, FL 00000			CITY	-ST-ZiP					
TITLE				☐ Delete	TITLE			١.	and the same of th	Chang	je 🔲 Addition
NAME		سيدي درين ميسهونيد	_ ~~~	الموسسة المسراد	NAM	I .		`			
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NAME					NAM	- I					
STREET ADDRESS					STRE	ET ADDRESS					

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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP