## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 249382** May 16, 2000 8:00 am Secretary of State **NELSON & ASSOCIATES INC** 05-16-2000 90797 033 \*\*\*150.00 Mailing Address Principal Place of Business 7501 NW 4 ST STE 110 7501 NW 4 ST STE 110 FORT LAUDERDALE FL 33317-2237 FORT LAUDERDALE FL 33317 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-0935365 Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired -- Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STEVEN R. BALLINGER, ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 412 S.E. 18TH STREET 888 South Andrews Ave., Suite 205 FORT LAUDERDALE FL 33316 Zip Code 33316 Fort Lauderdale 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, 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ■ Addition ☐ Delete TITLE GIOVENCO, ANDREW NAME NAME STREET ADDRESS. STREET ADDRESS 671 CALLE DEL PAZ S. CITY-ST-7IP **BOCA RATON FL** CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME BALLINGER, LESLIE NAME STREET ADDRESS STREET ADDRESS 971 S.W. 111TH WAY 1166 SW 149 Lane CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33324 -- --Sunrise, FL 33326 ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

LESLIE BALLINGER

FILED