

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 26, 2000 8:00 am  
Secretary of State**

01-26-2000 90091 011 \*\*\*150.00

**DOCUMENT # 344052**

1. Entity Name

**NELSON MECHANICAL CONTRACTORS, INC.**

Principal Place of Business

**211 EAST BRENT LANE  
PENSACOLA FL 32503**

Mailing Address

**211 EAST BRENT LANE  
PENSACOLA FL 32503-2204**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-1266315**

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

**NELSON, GILBERT  
211 E BRENT LN  
PENSACOLA FL 32503**

Name

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

City

**FL**

Zip Code

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	NELSON, GILBERT	
STREET ADDRESS	211 E BRENT LN	
CITY-ST-ZIP	PENSACOLA FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	NELSON, JOHN G.	
STREET ADDRESS	211 E BRENT LN	
CITY-ST-ZIP	PENSACOLA FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NELSON, LILLIAN	
STREET ADDRESS	211 E BRENT LN	
CITY-ST-ZIP	PENSACOLA FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPSD	<input checked="" type="checkbox"/> Delete
NAME	NELSON, THERESA	
STREET ADDRESS	211 E BRENT LANE	
CITY-ST-ZIP	PENSACOLA FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	NELSON, MICHAEL A	
STREET ADDRESS	211 E BRENT LANE	
CITY-ST-ZIP	PENSACOLA FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP/ST/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Baggett	
STREET ADDRESS	1950 Louis Henna Blvd.	
CITY-ST-ZIP	Round Rock, TX 78664	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

**Gilbert Nelson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/17/00**

Date

**850-476-9164**

Daytime Phone #