

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 397799

1. Entity Name

M & M NELSON ENTERPRISES, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90048 024 ***158.75

Principal Place of Business

374 BAHIA AVE.
 KEY LARGO FL 33037-4338

Mailing Address

374 BAHIA AVE.
 KEY LARGO FL 33037-4338

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1380278

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NELSON, MURRAY E
 374 BAHIA AVENUE
 KEY LARGO FL 33037

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

Murray E Nelson

4-10-2000

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 STD
 NELSON, MARY D
 374 BAHIA AVE
 KEY LARGO FL 33037-4338 ☐ Delete

TITLE
 NAME
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 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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 374 BAHIA AVE
 KEY LARGO FL 33037-4338 ☐ Delete

TITLE
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☐ Change ☐ Addition

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:

Murray E Nelson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/10/2000

Daytime Phone #

457-9316

CR2E034 (9/99)