

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 424451

1. Entity Name

M.R. NELSON REAL ESTATE, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90058 042 ***150.00

Principal Place of Business

5502 SW SUNSHINE FARMS WAY
PALM CITY FL 34990

Mailing Address

5502 SW SUNSHINE FARMS WAY
PALM CITY FL 34990-5671

2. Principal Place of Business

5601 SW SUNSHINE FARMS WAY
Suite, Apt. #, etc. FARMS WAY

3. Mailing Address

5601 SW SUNSHINE FARMS WAY
Suite, Apt. #, etc. FARMS WAY



DO NOT WRITE IN THIS SPACE

City & State

PALM CITY FL

City & State

PALM CITY FL

4. FEI Number

59-1462272

Applied For

Not Applicable

Zip

34990

Country

USA

Zip

34990

Country

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, M R
5601 SW SUNSHINE FARM WAY
PALM CITY FL 34990

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
NAME PDTS
STREET ADDRESS NELSON, M.R.
CITY-ST-ZIP 5601 SW SUNSHINE FARMS WAY
PALM CITY FL 34990 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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: *M.R. Nelson* M.R. NELSON

3-25-00

561-288
7484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)