

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91439 009 \*\*\*150.00

**DOCUMENT # 846917**

1. Entity Name  
**NIELSEN & SONS, INC.**



Principal Place of Business  
**11320 S W 208 DRIVE  
MIAMI FL 33189**

Mailing Address  
**11320 S W 208 DRIVE  
MIAMI FL 33189**

2. Principal Place of Business  
**16989 SW 274 ST**  
Suite, Apt. #, etc.

3. Mailing Address  
**16989 SW 274 ST**  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State  
**Homestead FL**  
Zip  
**33031**  
Country

City & State  
**Homestead FL**  
Zip  
**33031**  
Country

4. FEI Number  
**34-1082631**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**NIELSEN, NEIL D.  
11320 S.W. 208 DRIVE  
MIAMI FL 33189**

**7. Name and Address of New Registered Agent**

Name  
**Scott Nielsen**  
Street Address (P.O. Box Number is Not Acceptable)  
**16989 SW 274 ST**  
City  
**Homestead FL** Zip Code  
**33031**

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 accept the obligations of registered agent.

SIGNATURE *Neil Nielsen* **Scott Nielsen President** **4/29/03**  
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**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
**PTD** ☒ Delete  
NAME  
**NEILSEN, NEIL D**  
STREET ADDRESS  
**8265 SW 184TH TERRACE**  
CITY-ST-ZIP  
**MIAMI FL**

TITLE  
**VSD** ☒ Delete  
NAME  
**NEILSEN, JANE**  
STREET ADDRESS  
**8265 SW 184TH TERRACE**  
CITY-ST-ZIP  
**MIAMI FL**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
**PVSTD** ☒ Change ☒ Addition  
NAME  
**NIELSEN, SCOTT**  
STREET ADDRESS  
**16989 SW 274 ST**  
CITY-ST-ZIP  
**Homestead FL 33031**

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

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

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

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Scott Nielsen* **SCOTT NIELSEN** **4/29/03** **305.807.3556**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)