

FILED
Sep 03, 2002 8:00 am
Secretary of State

08-20-2002 90125 047 ***550.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000000167

1. Entity Name
R. NELSON & ASSOCIATES, INC.

Principal Place of Business
2516 PARK AVE.
CINCINNATI OH 45206

Mailing Address
2516 PARK AVE.
CINCINNATI OH 45206

2. Principal Place of Business
Suite, Apt. #: etc.
City & State

3. Mailing Address
Suite, Apt. #: etc.
City & State

Zip Country Zip Country

4. FEI Number 31-1200834 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
CHAPMAN, MACK
1203 TOWN CENTER DR. APT. 413
JUPITER FL 33458

7. Name and Address of New Registered Agent
Name Lovie Ross
Street Address (P.O. Box Number is Not Acceptable)
961 GARDENIA DRIVE
City DeRAY FL Zip Code 33483

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 Lovie Ross DATE 8/30/02
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P NELSON, RAMONA M 2516 PARK AVE. CINCINNATI OH 45206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete S COOK, TAWANA 2516 PARK AVE. CINCINNATI OH 45206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete AS CHAPMAN, MACK 1203 TOWN CENTER DR. APT. 413 JUPITER FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: R. Nelson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 8/1/02 DAYTIME PHONE (613) 961-6211

CR2E034 (4/02)