

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2001 8:00 am
Secretary of State

07-02-2001 90165 045 ***550.00

0691335

DOCUMENT # F15936

1. Entity Name

NELSON'S SERVICE, INC. ✓

Principal Place of Business

3490 TOM'S COURT
~~P.O. BOX 609~~
 GREEN COVE SPRINGS FL 32043
 US

Mailing Address

POST OFFICE BOX 609
 PO BOX 609
 PENNEY FARMS FL 32079
 US

2. Principal Place of Business

3490 TOM'S CT.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

N/A

City & State

GREEN COVE SPRINGS, FL

City & State

4. FEI Number 59-2055146

Applied For

Not Applicable

Zip

32043

Country

US

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NELSON, ROLAND W
 3490 TOM'S COURT
 GREEN COVE SPRINGS FL 32043

7. Name and Address of New Registered Agent

Name

KIRBY W. NELSON

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

3490 TOM'S CT.

City

GREEN COVE SPRINGS FL

Zip Code

32043

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

Kirby W. Nelson
 Signature, typed or printed name of registered agent and title if applicable.

KIRBY W. NELSON, PRESIDENT

DATE

6/15/01

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, 2001 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

TITLE D ☐ Delete
 NAME NELSON, ARDELLA, D.
 STREET ADDRESS 3490 TOM'S CT.
 CITY-ST-ZIP GREEN COVE SPRINGS FL

TITLE ☐ Delete
 NAME NELSON, ROLAND W
 STREET ADDRESS 3490 TOM'S COURT
 CITY-ST-ZIP GREEN COVE SPRINGS FL

TITLE ☐ Delete
 NAME NELSON, KIRBY W.
 STREET ADDRESS 3490 TOM'S COURT
 CITY-ST-ZIP GREEN COVE SPRINGS FL

TITLE ☐ Delete
 NAME NELSON, KERRY L
 STREET ADDRESS 3490 TOM'S COURT
 CITY-ST-ZIP GREEN COVE SPRINGS FL

TITLE ☐ Delete
 NAME NELSON, KEVIN T.
 STREET ADDRESS 3490 TOM'S COURT
 CITY-ST-ZIP GREEN COVE SPRINGS FL

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ Addition
 NAME
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/15/01

Date

904-529-9000

Daytime Phone #

CR2E034 (10/00)