

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F15936

1. Entity Name
NELSON'S SERVICE, INC.FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90022 034 ***150.00

Principal Place of Business		Mailing Address			
3490 TOM'S COURT GREEN COVE SPRINGS FL 32043 US		POST OFFICE BOX 609 PO BOX 609 PENNEY FARMS FL 32079 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NELSON, KIRBY W 3490 TOM'S COURT GREEN COVE SPRINGS FL 32043				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	



DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For
59-2055146		Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required

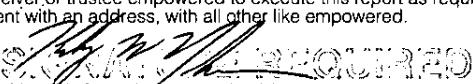
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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)	<input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution.	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	OFFICER/DIRECTOR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NELSON, ARDELLA, D.		NAME		
STREET ADDRESS	3490 TOM'S CT.		STREET ADDRESS		
CITY-ST-ZIP	GREEN COVE SPRINGS FL		CITY-ST-ZIP		
TITLE	OFFICER/DIRECTOR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NELSON, ROLAND W		NAME		
STREET ADDRESS	3490 TOM'S COURT		STREET ADDRESS		
CITY-ST-ZIP	GREEN COVE SPRINGS FL		CITY-ST-ZIP		
TITLE	OFFICER/DIRECTOR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NELSON, KIRBY W.		NAME		
STREET ADDRESS	3490 TOM'S COURT		STREET ADDRESS		
CITY-ST-ZIP	GREEN COVE SPRINGS FL		CITY-ST-ZIP		
TITLE	OFFICER/DIRECTOR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NELSON, KERRY L.		NAME		
STREET ADDRESS	3490 TOM'S COURT		STREET ADDRESS		
CITY-ST-ZIP	GREEN COVE SPRINGS FL		CITY-ST-ZIP		
TITLE	OFFICER/DIRECTOR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NELSON, KEVYN T.		NAME		
STREET ADDRESS	3490 TOM'S COURT		STREET ADDRESS		
CITY-ST-ZIP	GREEN COVE SPRINGS FL		CITY-ST-ZIP		
TITLE	OFFICER/DIRECTOR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:  REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/02 (904) 264-7284
Daytime Phone #

CR2E034 (9/01)