

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 16, 2001 8:00 am**  
**Secretary of State**  
03-16-2001 90015 009 \*\*\*150.00

**DOCUMENT # G86865**

1. Entity Name  
**NELSON HOLDING, INC.**

Principal Place of Business Mailing Address  
**C/O PAUL F. KEATING** **C/O PAUL F. KEATING**  
**111 ALLEN AVE.** **111 ALLEN AVE.**  
**FALMOUTH MA 02540** **FALMOUTH MA 02540**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2481228** Applied For  
Not Applicable

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

**GORDON, WILLIAM ESQUIRE**  
**RT. #3 BOX 3050**  
**3050-STATE RD. #26**  
**MELROSE FL 32666**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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. ☐ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTDS** ☒ Delete  
NAME **KEATING, PAUL F**  
STREET ADDRESS **35 CROSS STREET**  
CITY-ST-ZIP **PEABODY MA 01960**

TITLE **PTDS** ☒ Change ☐ Addition  
NAME **ALLISON J KEATING**  
STREET ADDRESS **111 ALLEN AVE**  
CITY-ST-ZIP **FALMOUTH MA 02540**

TITLE **AS** ☐ Delete  
NAME **GORDON, WILLIAM ESQ.**  
STREET ADDRESS **3050 STATE RD. #26**  
CITY-ST-ZIP **MELROSE FL 32666**

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

TITLE **AS** ☐ Delete  
NAME **MORAN, PHILIP D**  
STREET ADDRESS **265 ESSEX STREET**  
CITY-ST-ZIP **SALEM MA 01970**

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

TITLE **VD** ☐ Delete  
NAME **KEATING, PAULA J**  
STREET ADDRESS **449 SUMMER ST**  
CITY-ST-ZIP **LYNNFIELD MA 01940**

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

TITLE **ATD** ☒ Delete  
NAME **KEATING, ALLISON J**  
STREET ADDRESS **25 TAPLEY ST**  
CITY-ST-ZIP **LYNN MA 01904**

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

TITLE ☐ Delete  
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: ALLISON J KEATING **ALLISON J KEATING** Pres. 3/16/01 508 548 5007  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)