

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H09456

1. Entity Name

NELSON ENTERPRISES OF SARASOTA, INC.

FILED
Jun 16, 2000 8:00 am
Secretary of State

06-16-2000 90293 014 ***550.00

Principal Place of Business

5461 TROPIC AIRE BLVD
NORTH PORT FL 34287-4725

Mailing Address

5461 TROPIC AIRE BLVD
NORTH PORT FL 34286-4725

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2413901

Applied For

Not Applicable

Zip

34286

Country

Zip

34286

Country

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

NELSON, JAMES G.
5461 TROPIC AIRE BLVD
NORTH PORT FL 34287

Name

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

City

FL

Zip Code

34286

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)



FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 P
NAME NELSON, JAMES G.
STREET ADDRESS 5461 TROPIC AIRE BLVD
CITY-ST-ZIP NORTH PORT FL ☐ Delete

TITLE VP
NAME NELSON, RICHARD J
STREET ADDRESS 5468 DENSAW RD
CITY-ST-ZIP NORTH PORT FL ☐ Delete

TITLE ST
NAME NELSON, DEBORAH J
STREET ADDRESS 5461 TROPIC AIRE BLVD
CITY-ST-ZIP NORTH PORT FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition

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

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

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

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

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

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

Signature and Typed or Printed Name of Signing Officer or Director

6-10-00

Date

941-426-8110

Daytime Phone #

CR20014 (9/99)