

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90074 023 ***150.00

DOCUMENT # H09456
1. Entity Name
NELSON ENTERPRISES OF SARASOTA, INC.

Principal Place of Business
~~5461 TROPIC AIRE BLVD~~
~~NORTH PORT FL 34286~~

Mailing Address
5461 TROPIC AIRE BLVD
NORTH PORT FL 34286

2. Principal Place of Business
5468 Densaw Rd.

3. Mailing Address
5468 Densaw Rd.

Suite, Apt. #, etc.

City & State
North Port FL

City & State
North Port FL

Zip **34287** **Country** **U.S.A.**

Zip **34287** **Country** **U.S.A.**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2413901**

Applied For
☐ **Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

~~**NELSON, JAMES G.**~~
~~**5461 TROPIC AIRE BLVD**~~
~~**NORTH PORT FL 34286**~~

7. Name and Address of New Registered Agent

Name **Richard J. Nelson**

Street Address (P.O. Box Number is Not Acceptable)
5468 Densaw Rd.

City **North Port** **FL** **Zip Code** **34287**

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 *Richard J. Nelson* **4-19-02**

Signature, typed or printed name of registered agent and fee 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	NELSON, JAMES G.	5461 TROPIC AIRE BLVD	NORTH PORT FL	<input checked="" type="checkbox"/>
VP	NELSON, RICHARD J	5468 DENSAR RD	NORTH PORT FL	<input checked="" type="checkbox"/>
ST	NELSON, DEBORAH J	5461 TROPIC AIRE BLVD	NORTH PORT FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
President	Richard J. Nelson	5468 Densaw Rd.	North Port, FL 34287	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sec./Treas.	Barbara J. Nelson	5468 Densaw Rd.	North Port, FL 34287	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Richard J. Nelson* **4-19-02** **941-423-0432**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)