

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90165 008 ***150.00

DOCUMENT # H55556

1. Entity Name
NELSEN'S MASONRY, INC.



Principal Place of Business
4555 SOUTH ST
P.O. BOX 6214
TITUSVILLE FL 32780
US

Mailing Address
4555 SOUTH ST
P.O. BOX 6214
TITUSVILLE FL 32780
US



2. Principal Place of Business
5306 Riversedge Dr.

3. Mailing Address
P.O. Box 6214

Suite, Apt. #, etc.
P.O. Box 6214

Suite, Apt. #, etc.

City & State
Titusville, FL

City & State
Titusville, FL

Zip Country
32780 US

Zip Country
32782 US

4. FEI Number **59-2528546** Applied For
Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NELSEN, MICHELLE
4715 FOX LAKE RD
TITUSVILLE FL 32796

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C <input checked="" type="checkbox"/> Delete
NAME	MILES, DAVID H
STREET ADDRESS	2200 KNOX MCRAE
CITY-ST-ZIP	TITUSVILLE FL 32780
TITLE	VPS <input type="checkbox"/> Delete
NAME	GRIFFIN, BEVERLY N
STREET ADDRESS	6241 GAYLE DR
CITY-ST-ZIP	COCOA FL 32927
TITLE	PT <input type="checkbox"/> Delete
NAME	NELSEN, MICHELLE
STREET ADDRESS	4175 FOX LAKE RD
CITY-ST-ZIP	TITUSVILLE FL 32796
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **BONNIE ACEVEDO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-15-03** Daytime Phone # **321-228-8919**

CR2E034 (10/02)