

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90150 029 \*\*\*150.00

**DOCUMENT # H81406**

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



Principal Place of Business  
**3500 GALT OCEAN DRIVE  
#201  
FT. LAUDERDALE FL 33308**

Mailing Address  
**3500 GALT OCEAN DRIVE  
#201  
FT. LAUDERDALE FL 33308**



2. Principal Place of Business  
**632 S.W. 6<sup>th</sup> Street  
Suite, Apt. #, etc.  
#1004**

3. Mailing Address  
**632 S.W. 6<sup>th</sup> Street  
Suite, Apt. #, etc.  
#1004**

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Pompano Beach, FL**  
Zip  
**33060**  
Country  
**Broward**

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**Pompano Beach, FL**  
Zip  
**33060**  
Country  
**Broward**

4. FEI Number **34-0836291**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**NELSON, PAUL M.  
3500 GALT OCEAN DRIVE  
#201  
FT. LAUDERDALE FL 33308**

**7. Name and Address of New Registered Agent**

Name **NELSON, PAUL M.**  
Street Address (P.O. Box Number is Not Acceptable)  
**632 S.W. 6<sup>th</sup> Street  
#1004**  
City **Pompano Beach, FL** Zip Code **33060**

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 Paul M. Nelson Paul M. Nelson Jan 9, 2003  
Signature, typed or printed name of registered agent and title if applicable. (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 **PT** ☐ Delete  
NAME **NELSON, PAUL M.**  
STREET ADDRESS **3500 GALT OCEAN DR. #201**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **PT** ☒ Change ☐ Addition  
NAME **Nelson, Paul M**  
STREET ADDRESS **632 S.W. 6<sup>th</sup> St. #1004**  
CITY-ST-ZIP **Pompano Beach, FL 33060**

TITLE **VS** ☐ Delete  
NAME **NELSON, MURIEL K.**  
STREET ADDRESS **3500 GALT OCEAN DR. #201**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **VS** ☒ Change ☐ Addition  
NAME **Nelson, Muriel K**  
STREET ADDRESS **632 SW 6<sup>th</sup> St. #1004**  
CITY-ST-ZIP **Pompano Beach, FL 33060**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Paul M. Nelson, Treas Jan 9, 2003 954-782-4595  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)