

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90036 042 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # J10558

1. Entity Name
NELSON MANAGEMENT, INC.

Principal Place of Business Mailing Address
6234 COMMERCIAL WAY **6234 COMMERCIAL WAY**
BROOKSVILLE FL 34613 **BROOKSVILLE FL 34613**

2. Principal Place of Business 3. Mailing Address
6234 COMMERCIAL WAY **SAME**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
BROOKSVILLE FL **SAME**
 Zip Country Zip Country
34613 **FLORIDA** **34613** **FLORIDA**

4. FEI Number Applied For
59-2853068 ☐ Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
☐ ☐

6. Name and Address of Current Registered Agent
KIERZYNSKI, MICHAEL
5143 COMMERCIAL WAY
SPRING HILL FL 34606

7. Name and Address of New Registered Agent
 Name **CORRECT**
 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. ☐ **FILE NOW!!! FEE IS \$150.00**
 (See criteria on back) **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 NAME STREET ADDRESS CITY-ST-ZIP	DPVS OGDEN, MARTY 5647 MOSSBERG DRIVE NEW PORT RICHEY FL 34655 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS MARTY OGDEN 4607 GOLF CLUB LANE BROOKSVILLE FL 34609 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **MARTY OGDEN** 1/4/01 352 596 8321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)