

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2000 8:00 am**  
**Secretary of State**

02-20-2000 90011 011 \*\*\*150.00

**DOCUMENT # J11266**

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

Principal Place of Business

**POINCIANA ISLAND DR  
 MIAMI BEACH FL 33160**

Mailing Address

**434 POINCIANA ISLAND DR  
 N MIAMI BEACH FL 34275-3302  
 US**

2. Principal Place of Business

**914 Casey Cove Dr.**

Suite, Apt. #, etc.

3. Mailing Address

**914 Casey Cove Dr.**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Nokomis, FL**

City & State

**Nokomis, FL**

4. FEI Number

**59-2703892**

Applied For

Not Applicable

Zip

**34275**

Country

**USA**

Zip

**34275**

Country

**USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MORRIS, MORTON J.  
 2500 HOLLYWOOD BLVD.  
 SUITE 212  
 HOLLYWOOD FL**

7. Name and Address of New Registered Agent

Name **JAMES R. CAST**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1612 EAST LAKE DR.**  
 City **FT. LAUDERDALE** FL Zip Code **33316**

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 *James R. Cast* **JAMES R. CAST** DATE **2/2/2000**  
Signature, type 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. (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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	NELSON, BURTON	434 POINCIANA ISLAND DRIVE	N. MIAMI BEACH FL 33160	<input type="checkbox"/>
				<input 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	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
P	NELSON, BURTON	914 Casey Cove Dr.	Nokomis, FL 34275	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Burton Nelson* DATE: **1/31/00** DAYTIME PHONE #: **941-412 9448**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)