

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90163 022 ***150.00

DOCUMENT # J28388

1. Entity Name

NELCO MASTER CORPORATION, INC.

Principal Place of Business

Mailing Address

**339 6TH AVENUE WEST
BRADENTON FL 34205****339 6TH AVENUE WEST
BRADENTON FL 34205-8620****C0021579**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2700522**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**DORRIS, VIRGINIA A.
339 6TH AVENUE WEST
BRADENTON FL 34205**

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title 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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	DORRIS, VIRGINIA A.	NAME	
STREET ADDRESS	339 6TH AVENUE WEST	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34205	CITY-ST-ZIP	
TITLE	S	TITLE	Secretary/Director
NAME	RATH, DORRIS A	NAME	
STREET ADDRESS	339 6TH AVE WEST	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34205	CITY-ST-ZIP	
TITLE		TITLE	Director
NAME		NAME	Michael Rath
STREET ADDRESS		STREET ADDRESS	339 6th Avenue West
CITY-ST-ZIP		CITY-ST-ZIP	Bradenton, FL 34205
TITLE		TITLE	Director
NAME		NAME	Robert Rath
STREET ADDRESS		STREET ADDRESS	339 6th Ave. West
CITY-ST-ZIP		CITY-ST-ZIP	Bradenton, FL 34205
TITLE		TITLE	Director
NAME		NAME	Reba C. Rogers
STREET ADDRESS		STREET ADDRESS	339 6th Ave West
CITY-ST-ZIP		CITY-ST-ZIP	Bradenton, FL 34205
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)