## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **K42947** Jan 24, 2000 8:00 am **Secretary of State** NELSON & SELWITZ PROPERTY MANAGEMENT, INC. 01-24-2000 90013 038 \*\*\*150.00 Mailing Address Principal Place of Business 1166 PELICAN BAY DR 1166 PELICAN BAY DR. DAYTONA BEACH FL 32119-1381 DAYTONA BEACH FL 32119 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2907426 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Michele Nelson NELSON, MICHELE L. Street Address (P.O. Box Number is Not Acceptable) 1166 PELICAN BAY DR Illole Pelican Bay Dr DAYTONA BEACH FL 32119 Daytona Beach 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 Michele Barkin-President FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Delete TITLE Barkin, Michele Nelson NELSON, MICHELE L. NAME NAME STREET ADDRESS 1166 PELICAN BAY DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32119 ☑ Change Addition 👿 Delete TITLE NAME SELWITZ, BARBARA J. Barkin, Marshall Mule Pelican Bay Dr. Daytona Beach, FL. 32119 834 FIRST ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT ORANGE FL VPID. TITLE -- -Change -TITLE □ Delete Nelson, Jennifer NAME NAME 137 Green Heron Ct. Daytona Brach, Fl. 32119 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIE ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change | Addition TITLE ☐ Delete TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: MORALIZED SOURCE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Destruction Prome #

STREET ADDRESS

CITY-ST-ZIP