## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Feb 05, 2000 8:00 am Secretary of State **DOCUMENT # L13442** NIELSEN ENTERPRISES, INC. 02-05-2000 90036 029 \*\*\*158.75 Principal Place of Business Mailing Address 816 MANATEE AVE. EAST #5 816 MANATEE AVE. EAST #5 BRADENTON FL 34208-1207 **BRADENTON FL 34208** HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0154305 Not Applied. \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NIELSEN, HANS-ERIK Street Address (P.O. Box Number is Not Acceptable) 6903 7TH AVENUE W. **BRADENTON FL 34209** 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) 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 12. 11. VICE PRESIDENT NIEUSEN, HANS-ERIK 6903, 7th Abe. WEST Addition TITLE ☐ Delete TITLE NIELSEN, HANS-ERIK NAME NAME 6903 7TH AVE. W. STREET ADDRESS STREET ADDRESS BRADENTON, FL 34209 CITY-ST-ZIP **BRADENTON FL 34209** CITY-ST-ZIP PREGIDENT Change NIELSEN, VIVIAN M. ☐ Addition ☐ Delete TITLE NIELSEN, VIVIAN M NAME NAME 6963, 7 th AVE. WEST 6903 7TH AVE. W. STREET ADDRESS STREET ADDRESS BRADENTON, FL 3 4209 CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34209** TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

FILED