

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90296 012 ***150.00

DOCUMENT # P00000052458

1. Entity Name

J NELSON INC.

Principal Place of Business

1855 GRIFFIN ROAD SUITE C232
 DANIA FL 33004

Mailing Address

1855 GRIFFIN ROAD SUITE C232
 DANIA FL 33004

2. Principal Place of Business

276 BRYAN RD
 Suite, Apt. #, etc.

3. Mailing Address

276 BRYAN RD
 Suite, Apt. #, etc.

City & State

DANIA FL

City & State

DANIA FL

4. FEI Number

65-101-4502

Applied For

Not Applicable

Zip

33004

Country

US

Zip

33004

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GERTZ, CHRISTOPHER J ESQ
 STEVEN M. STOLL PA
 ONE EAST BROWARD BLVD., SUITE 905
 FORT LAUDERDALE FL 33301-1877

Name

JOHN H. NELSON
 Street Address (P.O. Box Number is Not Acceptable)
 276 BRYAN RD

City

DANIA FL 33004

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

JOHN H. NELSON

(Signature, typed or printed name of registered agent and title, 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, 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

TITLE D ☐ Delete
 NAME NELSON, JOHN
 STREET ADDRESS 1855 GRIFFIN ROAD SUITE C232
 CITY-ST-ZIP DANIA FL 33004

TITLE D ☒ Delete
 NAME DEDES, DIMITRI
 STREET ADDRESS 1855 GRIFFIN ROAD SUITE C232
 CITY-ST-ZIP DANIA FL 33004

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 276 BRYAN RD
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

JOHN H. NELSON

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

4/27/01

Date

954.929.8880

Daytime Phone #

CR2E034 (10/00)