

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90175 043 ***150.00

01/21/03 AV

DOCUMENT # P00000074718

1. Entity Name
NELCO OF WEST FLORIDA, INC.



Principal Place of Business
**100 2ND AVE. SOUTH, SUITE 704
ST. PETERSBURG FL 33701**

Mailing Address
**100 2ND AVE. SOUTH, SUITE 704
ST. PETERSBURG FL 33701**

20015306



2. Principal Place of Business
100 Second Ave S. # 101
Suite, Apt. #, etc.

3. Mailing Address
100 Second Ave S.
Suite, Apt. #, etc.
#101

☒ CHECK HERE IF MAKING CHANGES

City & State
St Petersburg FL
Zip
33701 Country
US

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St Petersburg FL
Zip
33701 Country

4. FEI Number **59-3660830**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GIBBS, B. GRAY
100 2ND AVE. SOUTH, SUITE 704
ST. PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name **B. Gray Gibbs**
Street Address (P.O. Box Number is Not Acceptable)
100 Second Avenue S.
#101
City **St Petersburg FL** Zip Code **33701**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **B. Gray Gibbs**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/13/02**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **ST** ☐ Delete
NAME **GIBBS, GRAY B**
STREET ADDRESS **100 2ND AVENUE SUITE ~~704~~ 101**
CITY-ST-ZIP **SAINT PETERSBURG FL 33701**

TITLE **PCEO** ☐ Delete
NAME **MCOLLUM, RICK S**
STREET ADDRESS **100 2ND AVENUE SUITE ~~704~~ 101**
CITY-ST-ZIP **SAINT PETERSBURG FL 33701**

TITLE **D** ☐ Delete
NAME **BELLEW, DELANO**
STREET ADDRESS **100 2ND AVENUE SUITE ~~704~~ 101**
CITY-ST-ZIP **SAINT PETERSBURG FL 33701**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **B. Gray Gibbs**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/02
Date

Daytime Phone #

CR2E034 (10/02)