

**FOR PROFIT CORPORATION 2002
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91115 047 ***150.00

DOCUMENT # P00000075930

1. Entity Name

BAJL NELSON, INC.

Certified Mail #
7001 1940 0006 5532 131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7207 41st COURT E.
Suite, Apt. #, etc.

3. Mailing Address

P. O. BOX 9
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
SARASOTA, FL.

City & State
SARASOTA, FL

4. FEI Number
65-1025553

Applied For
☐ **Not Applicable**

Zip 34243 **Country** U. S.

Zip 34230 **Country** U. S.

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
NELSON, JAMIE L.

Street Address (P.O. Box Number is Not Acceptable)
7207 41st COURT E.

City SARASOTA **FL** **Zip Code** 34243

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

Jamie Nelson Pres.

4-29-02

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE D.	NAME NELSON, JAMIE L.
STREET ADDRESS 7207 41st COURT EAST	
CITY - ST - ZIP SARASOTA, FL 34243	
TITLE D.	NAME NELSON, BRIAN A.
STREET ADDRESS 7207 41st COURT EAST	
CITY - ST - ZIP SARASOTA, FL 34243	
TITLE 	NAME
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Jamie Nelson Pres.

4-29-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)