

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90217 023 ***150.00

DOCUMENT # P00000081842

1. Entity Name

CHARLES R. NELSON MORTGAGE, INC.

Principal Place of Business

~~413 N.E. 7TH ST.
TRENTON FL 32693~~

Mailing Address

~~P.O. BOX 36
TRENTON FL 32693~~

00063410



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

390 DOCK ST

Suite, Apt. #, etc.

SUITE D-3

City & State

CEDAR KEY, FL

Zip

32625

Country

USA

3. Mailing Address

P O Box 46

Suite, Apt. #, etc.

City & State

Cedar Key, FL

Zip

32625

Country

USA

4. FEI Number

58-2567479

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAUSEY, KATHRYN F

413 N.E. 7TH ST.

TRENTON FL 32693

7. Name and Address of New Registered Agent

Name

CAUSEY, KATHRYN F

Street Address (P.O. Box Number is Not Acceptable)

12421 SR 24 (PO Box 46 main)

City

Cedar Key

FL

Zip Code

32625

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/16/01

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 ☒ Delete
NAME CAUSEY, KATHRYN F
STREET ADDRESS 413 N.E. 7TH ST.
CITY-ST-ZIP TRENTON FL 32693

TITLE ☐ Delete
NAME P, F, D Nelson, Charles R
STREET ADDRESS 16351 EGRET'S LANE
CITY-ST-ZIP CEDAR KEY, FL 32625

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

TITLE ☐ Change ☒ Addition
NAME P, T, D NELSON, CHARLES R
STREET ADDRESS 16351 EGRET'S LANE
CITY-ST-ZIP CEDAR KEY, FL 32625

TITLE ☐ Change ☒ Addition
NAME VP, D NELSON, CLAUDETTE C.
STREET ADDRESS 16351 EGRET'S LANE
CITY-ST-ZIP CEDAR KEY, FL 32625

TITLE ☐ Change ☒ Addition
NAME S, D NELSON, ERIC D.
STREET ADDRESS 16351 EGRET'S LANE
CITY-ST-ZIP CEDAR KEY, FL 32625

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RESIDENT AGENT/CPA

4/16/01 352-543-6201

Date

Daytime Phone #

CR2E034 (10/00)