04/29/2002 11:16 13525285559 SHARON C BRAN

FILED
May 17, 2002 8:00 am
Secretary of State
05-17-2002 90035 038 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

662313

DOCUMENT # P00000081842

1. Entity Name

Charles R. Nelson Mortgage, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
390 DOCK STREET	P.O. Box 160
Suite, Apt. #, etc.: SUITE D-3	Suite, Apt. #, etc.:
City & State: CEDAR KEY, FL	City & State: CEDAR KEY, FL
Zip: 32625 Country: USA	Zip: 32625 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2567479 ☐ Applied For ☐ Not Applicable

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: Sharon C. BRANNAN CPA

Street Address (P.O. Box Number is Not Acceptable): 161 N. MAIN STREET

City: WILLISTON FL Zip Code: 32696

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: Sharon C. Brannan CPA 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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P, T, D
NAME	NELSON, CHARLES R.
STREET ADDRESS	16351 EGRET'S LANE
CITY-ST-ZIP	CEDAR KEY FL 32625
TITLE	VP, D
NAME	NELSON, CLAUDETTE C.
STREET ADDRESS	16351 EGRET'S LANE
CITY-ST-ZIP	CEDAR KEY, FL 32625
TITLE	S, D
NAME	NELSON ERIC D
STREET ADDRESS	16351 EGRET'S LANE
CITY-ST-ZIP	CEDAR KEY, FL 32625
TITLE	
NAME	
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CR2E034B (12/01)

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: Charles R. Nelson 4/29/02 352-543-9598
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #