2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Aug 07, 2001 08:00 AM DOCUMENT # P0000114294 Entity Name **Secretary of State** RICHARD NELSON, P.A. Principal Place of Business Mailing Address 18246 SW 26 COURT 18246 SW 26 COURT MIRAMAR FL MIRAMAR FL33029 33029 2. Principal Place of Business 3. Mailing Address 2640 HOLLYWOOD BOULEVARD 2640 HOLLYWOOD BOULEVARD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For HOLLYWOOD FL HOLLYWWOD 65-1061337 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33020 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NELSON RICHARD NELSON RICHARD 18246 SW 26 COURT Street Address (P.O. Box Number is Not Acceptable) 2640 HOLLYWOOD BOULEVARD MIRAMAR FL33029 City Zip Code HOLLYWOOD 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 08/07/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE CR2E034 (11/00) ☐ Delete TITLE X Change ☐ Addition RICHARD MAME NELSON NAME NELSON RICHARD STREET ADDRESS 18246 SW 26 COURT STREET ADDRESS 2640 HOLLYWOOD BOULEVARD, #100 CITY-ST-ZIP MIRAMAR \mathbf{FL} 33029 CITY-ST-ZIP HOLLYWOOD 33020 ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Сhапде TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. Richard Nelson SIGNATURE: _ 08/07/2001 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #