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FILED
Aug 18, 2002 8:00 am
Secretary of State

08-04-2002 90167 013 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000019031

1. Entity Name
SNM NELSON ENTERPRISES, INC.

Principal Place of Business Mailing Address
560 TALL OAKS TERR 560 TALL OAKS TERR
LOHGWOOD FL 32750 LOHGWOOD FL 32750

41594



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-3702832** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MESSER, THOMAS
1323 LYONS RD
COCONUT CREEK FL 33063

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____
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)

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, STEVE 560 TALL OAKS TERR LOHGWOOD FL 32750	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/02 **(407) 323-2922**
Date Daytime Phone #

CR2E034 (4/02)

Attachment

41594



PO 100 5019031



NELSON ENTERPRISES, INC.
560 TALL OAKS TERR ~ LONGWOOD FL 32750
Phone 407-323-2922 ~ Email SNM64@AOL.COM

July 29, 2002

Division of Corporations
Uniform Business report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Katherine Harris,

I writing to let you know that I never received my 2002 Uniform Business Report until today July 29, 2002. I was a new corporation last year and was not aware that I needed to renew by a certain date. I did contact your office and they advised me to send this letter and \$150.00 and I will be renewed for next year. Thank you for attention in this matter.

Steven Nelson