

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90066 030 \*\*\*150.00

**DOCUMENT # P01000045128**

1. Entity Name  
**NELSON, INC.**

Principal Place of Business

**10943 NW 43RD ST  
 SUNRISE FL 33351-8095**

Mailing Address

**10943 NW 43RD ST  
 SUNRISE FL 33351-8095**

4:00 0000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**212 Three Islands Blvd.**

3. Mailing Address

**212 Three Islands Blvd.**

Suite, Apt. #, etc.

**Suite 307**

Suite, Apt. #, etc.

**Suite 307**

City & State

**Hallandale, FL**

City & State

**Hallandale, FL**

4. FEI Number

**65-1100821**

Applied For

Not Applicable

Zip

Country

**33009**

Zip

Country

**33009**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**NELSON, EDWARD A  
 10943 NW 43RD ST  
 SUNRISE FL 33351-8095**

7. Name and Address of New Registered Agent

Name

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

**212 Three Islands Boulevard  
 Suite 307**

City

**Hallandale**

**FL**

Zip Code

**33009**

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, 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 \$150.00  
 After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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**PST  
 Nelson, Edward A.  
 212 Three Islands Blvd. Suite 307  
 Hallandale, FL 33009**

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: X

**SIGNATURE REQUIRED**

**Edward A. Nelson**

Date

Daytime Phone #

**305-265-6824**

CR2E034 (9/01)