

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

01-27-2003 90246 028 ***150.00

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DOCUMENT # P01000122446

1. Entity Name
NEILSON AND ASSOCIATES, P.A.



Principal Place of Business
**1332 W COLONIAL DRIVE
ORLANDO FL 32804**

Mailing Address
**1332 W COLONIAL DRIVE
ORLANDO FL 32804**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **APPLIED FOR**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NEILSON, W LANE
1332 W COLONIAL DRIVE
ORLANDO FL 32804**

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
NEILSON, W LANE
1332 W COLONIAL DRIVE
ORLANDO FL 32804** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

W. Neilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/31/02
Date

Daytime Phone #

CR2E034 (10/02)

Attachment

58009469

01000122446

Form **SS-4**

(Rev. April 2000)

Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

Keep a copy for your records.

EIN **43-958127**

OMB No. 1545-0043

Please type or print clearly.

1 Name of applicant (legal name) (see instructions) Neilson and Associates, P.A.		2 Executor, trustee, "care of" name	
4a Mailing address (street address) (room, apt., or suite no.) 1332 W. Colonial Drive		6a Business address (if different from address on lines 4a and 4b)	
4b City, state, and ZIP code Orlando, FL 32804		6b City, state, and ZIP code	
8 County and state where principal business is located Orange County, Florida			
7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ▶ 438-74-3908 W. Lane Neilson			

8a Type of entity (Check only one box.) (see instructions)
Caution: If applicant is a limited liability company, see the instructions for line 8a.

☐ Sole proprietor (SSN)	☐ Estate (SSN of decedent)
☐ Partnership	☐ Plan administrator (SSN)
☐ REMIC	☒ Other corporation (specify) ▶ Attorneys At Law
☐ State/local government	☐ Trust
☐ Church or church-controlled organization	☐ Federal government/military
☐ Other nonprofit organization (specify) ▶	(enter GEN if applicable)
☐ Other (specify) ▶	

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State Florida	Foreign country
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9 Reason for applying (Check only one box.) (see instructions)

☐ Started new business (specify type) ▶	☐ Banking purpose (specify purpose) ▶
☐ Hired employees (Check the box and see line 12.)	☒ Changed type of organization (specify new type) ▶ from sole proprietorship to corporation
☐ Created a pension plan (specify type) ▶	☐ Purchased going business
	☐ Created a trust (specify type) ▶
	☐ Other (specify) ▶

10 Date business started or acquired (month, day, year) (see instructions)
December 2001

11 Closing month of accounting year (see instructions)
December

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ **continuing business**

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0- (see instructions) ▶

Nonagricultural 13	Agricultural	Household
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14 Principal activity (see instructions) ▶ **Law Firm**

15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check one box. ☐ Business (wholesale) ☒ N/A
☐ Public (retail) ☐ Other (specify) ▶

17a Has the applicant ever applied for an employer identification number for this or any other business? ☒ Yes ☐ No
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ▶ **W. Lane Neilson** Trade name ▶

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) **in the 1980's** City and state where filed **Orlando, Florida** Previous EIN **59 1 2274516**

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ▶ **W. Lane Neilson**

Signature ▶ **W. Lane Neilson** Date **4/18/02**

Notes: Do not write below this line. For official use only.

Please leave blank ▶	Gov.	Ind.	Class	Size	Reason for applying
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