

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90208 028 \*\*\*150.00

**DOCUMENT # P02000077004**

1. Entity Name  
**NELSONS ALUMINUM INC.**



Principal Place of Business

Mailing Address

**New Address & Phone #**

Nelson's Aluminum Inc

**New Address & Phone #**

Nelson's Aluminum Inc

7948 Oak Grove Cir, Sarasota FL 34243

7948 Oak Grove Cir, Sarasota FL 34243

Office: 941-355-9444 Cell 941-356-9444

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☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number

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**

**NELSON, HARRY A**  
**1243 POMPANO AVENUE**  
**SARASOTA FL 34237**

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 HARRY A. NELSON

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.

HARRY A. NELSON

**New Address & Phone #**

Nelson's Aluminum Inc

7948 Oak Grove Cir, Sarasota FL 34243

Office: 941-355-9444 Cell 941-356-9444

TITLE  
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11.

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other fee empowered.

**SIGNATURE:**

[Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)