

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 13, 2003 8:00 am
Secretary of State

08-13-2003 90075 014 ***150.00

DOCUMENT # P02000083630

1. Entity Name

NELSON GAVIN INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

613 S. 21 AVE

Suite, Apt. #, etc.

3. Mailing Address

613 S. 21ST AVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HOLLYWOOD

City & State

FLORIDA

4. FEI Number

35-2188552

Applied For

Not Applicable

Zip

33020

Country

BROWARD

Zip

33020

Country

BROWARD

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

NELSON P. GAVIN

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

613 S. 21ST AVE

City

HOLLYWOOD

FL

Zip Code

33020

**DO NOT WRITE
IN THIS SPACE**

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

Nelson P. Gavin
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8-8-2003

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
NELSON P. GAVIN
613 S. 21ST AVE
HOLLYWOOD, FLA 33020

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nelson P. Gavin
NELSON P. GAVIN

Date

8-8-2003

Daytime Phone #

CR2E034B (12/02)

Attachment

80138187

PO2000083630

FTD ADDRESS CHANGE

An address change here changes your address on the FTD coupons only.

Employer Identification Number (EIN)

OMB No. 1545-0257

35-2188552 041812 3 2

17

NELSON GAVIN INC

1523 SW 19TH AVE

FORT LAUDERDALE FL 33312-4136

New

Address

City

State

Zip

Telephone Number ()

INTERNAL REVENUE SERVICE CENTER

CINCINNATI, OH 45999

Send FTD Address Change and correspondence to the IRS address above.

Form 8109-C (Rev. 12-2000)