


**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. ✓
(L)



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.

City & State
HOLLYWOOD

City & State
FLORIDA

Zip
33020

Country
BROWARD

4. FEI Number
35-2188552

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

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

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 (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	<u>PRESIDENT</u> <u>NELSON P. GAVIN</u> <u>613 S. 21ST AVE</u> <u>HOLLYWOOD, FLA 33020</u>	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 Nelson P. Gavin NELSON P. GAVIN DATE 8-8-2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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



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NELSON GAVIN INC
1523 SW 19TH AVE
FORT LAUDERDALE FL 33312-4136

TEAR OFF HERE

New Address _____

City _____

State _____ Zip _____

Telephone Number () _____

Do not write beyond this line

INTERNAL REVENUE SERVICE CENTER
CINCINNATI, OH 45999

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