2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
9/12/2003-90087-037-$150.00-$150.00
03 DEC 22 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000098470 (L)

1. Entity Name
ERIK NELSON CONTRACTOR INC.

Principal Place of Business	Mailing Address
107 22ND AVE ST PETERSBURG FL 33706	107 22ND AVE ST PETERSBURG FL 33706

REINSTATEMENT 03

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 05-0528770 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NELSON, ERIK
107 22nd Ave
St Pete Beach, FL
33706

7. Name and Address of New Registered Agent

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 Erik M. 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 $550.00
After September 10, 2003 Fee will be $750.00
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	President Erik M. Nelson PO Box 86371 Madeira Beach, FL 33738	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS 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)(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 like empowered.

SIGNATURE: SIGNATURE REQUIRED Erik Nelson 10-10-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

000213 AV

Attachment #
90156414
P02000098470

TO FL Dept. of State

Enclosed is a copy of 2003
Uniform Business Report
The original Report was mailed
to the wrong address. Never received.
The correct mailing address is

P.O Box 8637
Madeira Beach FL
33738

Enclosed is a check for the
original fee of 150.00 (
how this was calculated

Eric M. Nelson