

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000044055

1. Entity Name

TOM NELSON PAINTING, INC.

Principal Place of Business

499 N.S.R. 434
SUITE 2145
ALTAMONTE SPRINGS FL 32714

Mailing Address

499 N.S.R. 434
SUITE 2145
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

1141 Central Park Drive

3. Mailing Address

Suite, Apt. #, etc.

City & State

Sanford, FL

City & State

4. FEI Number

59-3186542

Applied For

Not Applicable

Zip

32771

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NELSON, THOMAS B
499 N SR 434
SUITE 2145
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name

Thomas B. Nelson

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

1141 Central Park Dr.

City

Sanford

FL

Zip Code

32771

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.

SIGNATURE

Thomas B. Nelson

Thomas B. Nelson Pres.

3-28-01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	NELSON, THOMAS B	
STREET ADDRESS	444 RIDGE FOREST COURT	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	ST	<input type="checkbox"/> Delete
NAME	NELSON, DENISE A	
STREET ADDRESS	444 RIDGE FOREST COURT	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas B. Nelson

Pres.

3-28-01

407-322-3599

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0612776

CR2E034 (10/00)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90043 018 ***150.00



DO NOT WRITE IN THIS SPACE