

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000075564

1. Entity Name

PATRICIA NELSON, CERTIFIED ROLFER, INC.

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90033 024 \*\*\*150.00

Principal Place of Business

646 NE 3RD ST  
DANIA BCH FL 33004  
US

Mailing Address

~~1402~~ E LAS OLAS BLVD  
STE 1017  
FT LAUDERDALE FL 33301  
US

*just the #  
is change*

00033327



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1314 E. LAS OLAS Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1017

City & State

City & State

4. FEI Number 65-0449940

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, PATRICIA

1314 ~~1402~~ E LAS OLAS BLVD #1017  
FT LAUDERDALE FL 33301

Name

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

1314 E. LAS etc...

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.

SIGNATURE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME NELSON, PATRICIA  
STREET ADDRESS ~~1402~~ E LAS OLAS BLVD #1017  
CITY-ST-ZIP FT LAUDERDALE FL

TITLE ☒ Change ☐ Addition  
NAME 1314 E. LAS OLAS ....  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0241190