

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90054 012 \*\*\*150.00

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 AV

**DOCUMENT # P93000080052**

1. Entity Name  
**MARGOT G. NELSON, P.A.**

Principal Place of Business  
**1067 RAINER DR  
 SUITE 1001  
 ALTAMONTE SPRINGS FL 32714  
 US**

Mailing Address  
**1067 RAINER DR  
 SUITE 1001  
 ALTAMONTE SPRINGS FL 32714  
 US**

2. Principal Place of Business  
**324 NEWBURYPORT AVE.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**324 NEWBURYPORT AVE.**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**ALTAMONTE SPRINGS, FL**

City & State  
**ALTAMONTE SPRINGS, FL**

4. FEI Number  
**59-3230322**

Applied For  
 Not Applicable

Zip  
**32701**

Country  
**USA**

Zip  
**32701**

Country  
**USA**

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

**6. Name and Address of Current Registered Agent**

**NELSON, MARGOT G.  
 605 NIGHTHAWK CIRCLE  
 WINTER SPRINGS FL 32708**

**7. Name and Address of New Registered Agent**

Name  
**MARGOT G. NELSON**  
 Street Address (P.O. Box Number is Not Acceptable)  
**651 WHITETAIL LOOP**  
 City **APOPKA, FL** Zip Code **32703**

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

**03/04/2002**

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, 2002 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  
**PS**  
 NAME  
**NELSON, MARGOT G.**  
 STREET ADDRESS  
**605 NIGHTHAWK CIRCLE**  
 CITY-ST-ZIP  
**WINTER SPRINGS FL** ☐ Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
**NELSON, MARGOT G.** ☒ Change ☐ Addition  
 NAME  
**651 WHITETAIL LOOP**  
 STREET ADDRESS  
**APOPKA, FL-32703**  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ 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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 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

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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

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

**03/04/2002 (407)869-6446**  
 Date Daytime Phone #

CR2E034 (9/01)