

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90137 007 \*\*\*150.00

**DOCUMENT # P93000087549**

1. Entity Name  
**LITCHFIELD AND NELSON, INC.**

Principal Place of Business **3033**  
~~1400 GULF SHORE BLVD N~~ **Riviera Dr.**  
~~STE 214~~ **106**  
~~NAPLES FL 34102~~ **34103**  
**US**

Mailing Address  
~~1400 GULF SHORE BLVD N~~ **3033 Riviera Dr.**  
~~STE 214~~ **106**  
~~NAPLES FL 34102~~ **34103**  
**US**

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

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number **65-0455483**  
 Applied For  
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**NELSON, DENNIS**  
~~1400 GULF SHORE BLVD N~~ **3033 Riviera Dr.**  
~~STE 214~~ **106**  
~~NAPLES FL 34102~~ **34103**

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.

SIGNATURE *[Signature]* **1/9/02**  
 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          | VTD   | <input type="checkbox"/> Delete |
| NAME           | NELSON, DENNIS  |                                 |
| STREET ADDRESS | <del>5991 WESTPORT LN</del> <b>1177 12th St N</b>       |                                 |
| CITY-ST-ZIP    | <del>NAPLES FL 34110</del> <b>34102</b>                 |                                 |
| TITLE          | PD  | <input type="checkbox"/> Delete |
| NAME           | PERNICIARO, DAWN L                                      |                                 |
| STREET ADDRESS | <del>18415 CEDARWOOD LN</del> <b>7313 1017 Ridge St</b> |                                 |
| CITY-ST-ZIP    | <del>NAPLES FL 34110</del> <b>34103</b>                 |                                 |
| 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    |   |                                 |
| 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 another like empowered.

SIGNATURE: *[Signature]* **1/9/02 (941) 261-4800**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)