

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State
 05-15-2001 90080 048 ***158.75

DOCUMENT # P94000028003

1. Entity Name
STEVE NELSON MASONRY, INC.

0000048114



DO NOT WRITE IN THIS SPACE

Principal Place of Business
COLLIER COUNTY
NAPLES FL 34117
US

Mailing Address
260 19TH ST SW
NAPLES FL 34117
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0491493**

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, STEVEN
260 19TH ST SW
NAPLES FL 34117

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 Steve Nelson - President April 29, 2001
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 **NELSON, STEVEN K** ☒ Delete
 NAME
 STREET ADDRESS **260 19 STREET SW**
 CITY-ST-ZIP **NAPLES FL**

TITLE **President** ☒ Change ☐ Addition
 NAME **Nelson Steven K.**
 STREET ADDRESS **260 19th Street SW**
 CITY-ST-ZIP **Naples, Florida 34117**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V/T/S** ☐ Change ☒ Addition
 NAME **Nelson Sarah S.**
 STREET ADDRESS **260 19th Street SW**
 CITY-ST-ZIP **Naples, Florida 34117**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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: Steve Nelson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29, 2001 (941) 455-0000
Date Daytime Phone #

CR2E034 (10/00)