

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000039827

1. Entity Name

NELSON-BRAMWELL INVESTMENT GROUP, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90027 035 ***150.00

| | |
|---|--|
| Principal Place of Business 3797 LONG GROVE LANE PORT ORANGE FL 32119 US | Mailing Address 3797 LONG GROVE LANE PORT ORANGE FL 32119-8616 US |
|---|--|

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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



DO NOT WRITE IN THIS SPACE

| | | |
|---|--|--|
| 4. FEI Number 59-3316586 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |

| | |
|---|---|
| 6. Name and Address of Current Registered Agent BRAMWELL, DONNA M 829 HUDSON LANE PORT ORANGE FL 32119 | 7. Name and Address of New Registered Agent Name <u>Donna Nelson - Bramwell</u> Street Address (P.O. Box Number is Not Acceptable) <u>3797 Long Grove Lane</u> City <u>Port Orange</u> <u>FL</u> Zip Code <u>32119</u> |
|---|---|

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 Donna Bramwell DATE 4-1-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
|---|---|--|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BRAMWELL, DONNA M 829 HUDSON LANE PORT ORANGE FL 32119 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>New address</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>3797 Long Grove Lane</u> <u>Port Orange, FL 32119</u> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BRAMMELL, WAYNE F 829 HUDSON LANE PORT ORANGE FL <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>Bramwell, Donna</u> <u>3797 Long Grove Lane</u> <u>Port Orange, FL 32119</u> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BRAMMELL, GERALD F 829 HUDSON LANE PORT ORANGE FL <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>Bramwell, Donna</u> <u>3797 Long Grove Lane</u> <u>Port Orange, FL 32119</u> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: Donna Bramwell President 4-1-00 (904) 767-5858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)