## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with at

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## FILED DOCUMENT # P95000075481 Jan 28, 2000 8:00 am **Secretary of State** NELSON ENGINES OF FLORIDA, INC. 01-28-2000 90086 025 \*\*\*150.00 Principal Place of Business Mailing Address C/O STEEL HECTOR & DAVIS LLP C/O STEEL HECTOR & DAVIS LLP 5551 RIDGEWOOD DR STE 101 5551 RIDGEWOOD DR STE 101 NAPLES FL 34108-2718 NAPLES FL 34108 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0629628 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent. Westman WESTMON, CAPL-E Street Address (P.O. Box Number is Not Acceptable) LLP C/O, STEEL HECTOR & DAVIS LLP 5551 RIDGEWOOD DR STE 101 Su: te 101 Ridamood NAPLES FL-34109 BÖP 8. The above named entity submits this statemen for the purpos e of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE agent and title if applicable (NOTE: Registered Agent signature required when reinstatung FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, ☐ Change ☐ Addition Delete TITLE CALLAHAN, F.J. TOPER TO NAME NAME 3655 FORT CHARLES DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL Change ☐ Addition President ☐ Delete TITLE TITLE Robert B. TOBER, ROBERT B NAME STREET ADDRESS STREET ADDRESS P.O. BOX-413029 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL ☐ Change - ... ☐ Addition... TITLE. - \_\_ TITLE - Delete 😁 RHOADES, CHARLES R NAME NAME STREET ADDRESS 420 HARBOUR DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL Addition ☐ Change ☐ Delete TITLE TITLE Annina B. Jenhins NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS 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