

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90013 016 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000075481

1. Entity Name
NELSON ENGINES OF FLORIDA, INC.

Principal Place of Business C/O STEEL HECTOR & DAVIS LLP 5551 RIDGEWOOD DR STE 101 NAPLES FL 34108 US	Mailing Address C/O STEEL HECTOR & DAVIS LLP 5551 RIDGEWOOD DR STE 101 NAPLES FL 34108 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

4. FEI Number 65-0629628	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

WESTMON, CARL E
C/O STEEL HECTOR & DAVIS LLP
5551 RIDGEWOOD DR STE 101
NAPLES FL 34108

7. Name and Address of New Registered Agent

Name Carl E. Westman
Street Address (P.O. Box Number is Not Acceptable)
c/o Steel Hector & Davis LLP
5551 Ridgewood Drive, Suite 101
City Naples **FL** **Zip Code** 34108

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 *Carl E. Westman* **Jan. 8, 2000**
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS	
TITLE VP	<input type="checkbox"/> Delete
NAME TOBER, ROBERT B	
STREET ADDRESS 2240 SOUTH WINDS DR	
CITY-ST-ZIP NAPLES FL 34102	
TITLE ST	<input type="checkbox"/> Delete
NAME JENKINS, AMINA R	
STREET ADDRESS 1131 22ND AVE N	
CITY-ST-ZIP NAPLES FL 34103	
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
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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 all other like empowered.

SIGNATURE: *Charles R. Rhoades* **January 5, 2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)