

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 08, 2002 8:00 am**  
**Secretary of State**

0500095 AV

**DOCUMENT # P95000075481**

1. Entity Name  
**NELSON ENGINES OF FLORIDA, INC.**

02-08-2002 90010 048 \*\*\*150.00

Principal Place of Business <b>C/O STEEL HECTOR &amp; DAVIS LLP</b> <del>5551 RIDGEWOOD DR STE 101</del> <b>NAPLES FL 34108</b> US	Mailing Address <b>C/O STEEL HECTOR &amp; DAVIS LLP</b> <del>5551 RIDGEWOOD DR STE 101</del> <b>NAPLES FL 34108</b> US
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2. Principal Place of Business <b>3003 Tamiami Trail North</b>	3. Mailing Address <b>3003 Tamiami Trail North</b>
Suite, Apt. #, etc. <b>Suite 300</b>	Suite, Apt. #, etc. <b>Suite 300</b>

DO NOT WRITE IN THIS SPACE

City & State <b>Naples, FL</b>	City & State <b>Naples, FL</b>
Zip <b>34103</b>	Country <b>Collier</b>

4. FEI Number <b>65-0629628</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**WESTMAN, CARL E**  
**C/O STEEL HECTOR & DAVIS LLP**  
~~5551 RIDGEWOOD DR STE 101~~ **Collier Place I**  
**3003 Tamiami Trail N. #300**  
**NAPLES FL 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 *Carl Westman* DATE **1-18-02**  
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)

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>TOBER, ROBERT B</b> <b>2240 SOUTH WINDS DR</b> <b>NAPLES FL 34102</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>JENKINS, AMINA R</b> <b>1131 22ND AVE N</b> <b>NAPLES FL 34103</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>RHOADES, CHARLES R</b> <b>420 HARBOUR DR</b> <b>NAPLES FL 34103</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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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 employees.

SIGNATURE: *Charles R Rhoades* DATE: **1-18-02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)