

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90011 026 ***150.00

DOCUMENT # ~~P9600003308~~ P9600003308
 1. Entity Name
 THE NELLIE GROUP, INC

Principal Place of Business Mailing Address
 805 ELKCAM CIRCLE P.O. Box 516
 MARCO ISLAND MARCO ISLAND
 FL 34145 FL 34146

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

4. FEI Number Applied For
 65-0633745 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GORMAN, KATHLEEN M
 396 LAMPLIGHTER DRIVE
 MARCO ISLAND FL 34145

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 _____ DATE _____
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)
 10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GORMAN, KATHLEEN M	
STREET ADDRESS	396 LAMPLIGHTER DRIVE	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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)(b), 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: Kathleen M Gorman 7-17-01 (941) 3944400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP20034 (11/00)

Attachment 977664

July 17, 2001

#P96000003308

Department of State
Division of Corporations
Tallahassee, FL 32302-1500

To Whom It May Concern:

RE: The Nellie Group, Inc

In going through my reports for the year 2000, it occurred to me that I have not received a form for a UBR report this year.

I called your office today and spoke to a clerk named Tom. He told me that I could download the form on my computer and that I must send in a check for \$150 immediately as the form should have been returned prior to May 1st.

Therefore, I downloaded the form and filled in the appropriate blanks following the report I returned last year.

Enclosed is a check for \$150.00

Sincerely,

Kathleen M. Gorman

Kathleen M. Gorman

Box 516

Marco Is, FL 34146