

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000021144

1. Entity Name

BARBARA R. NELEN, INC.

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90068 029 \*\*\*150.00

Principal Place of Business

Mailing Address

280 S.R. 434  
STE 1049  
ALTAMONTE SPRINGS FL 32714  
US

453 MORNING GLORY DR  
LAKE MARY FL 32746-6153  
US

2. Principal Place of Business

3. Mailing Address

251 Maitland Avenue

251 Maitland Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 312

Suite 312

City & State

City & State

Altamonte Springs, fl.

Altamonte Springs, fl.

Zip

Country

Zip

Country

32701

USA

32701

USA

6. Name and Address of Current Registered Agent

4. FEI Number

59-3427630

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



NELEN, BARBARA  
453 MORNING GLORY DRIVE  
LAKE MARY FL 32746

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*Barbara R Nelen president*

4-1-00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	NELEN, BARBARA R	
STREET ADDRESS	453 MORNING GLORY DRIVE	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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 lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Barbara R Nelen president*

4-1-00

407-331-4263 X2

CR2E034 (9/99)