

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000067311
Entity Name
Nelson-Grace, Inc.

(R)

FILED
00 JUN 22 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
506 N. U.S. Highway 1
Tequesta, FL 33469
Mailing Address
401 F Pinecrest Cir.
Jupiter, FL 33458

00065282

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

4. FEI Number
65-0772640
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Virginia Swick Prohaska
401 F Pinecrest Circle
Jupiter, FL 33458

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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, typed or printed name of registered agent and title if applicable. Virginia Swick Prohaska Virginia Swick Prohaska DATE 6-5-00
(NOTE: Registered Agent signature required when reinstating)

8. 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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
President Virginia Swick Prohaska 401 F Pinecrest Cir. Jupiter FL 33458	<input type="checkbox"/> Delete		
RA Virginia Swick Prohaska 401 F Pinecrest Cir. Jupiter FL 33458	<input type="checkbox"/> Delete		
	<input type="checkbox"/> Delete		
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3. 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: Virginia Swick Prohaska Virginia Swick Prohaska DATE 6-5-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 561-743-6444

CR2E034 (9/99)