

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000003724

1. Entity Name

NELCO TWO, INC.

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90178 031 ***150.00

Principal Place of Business

Mailing Address

339 6TH AVENUE WEST
BRADENTON FL 34205

339 6TH AVENUE WEST
BRADENTON FL 34205-8820

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0814063

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DORRIS, VIRGINIA A
339 6TH AVENUE WEST
BRADENTON FL 34205

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

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	☐ Delete
NAME	DORRIS, VIRGINIA A	
STREET ADDRESS	339 6 AVE W	
CITY-ST-ZIP	BRDENTON FL 34205	
TITLE	S	☐ Delete
NAME	RATH, DORRIS	
STREET ADDRESS	339 6 AVE W	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President/Director	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary/Director	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	☐ Change ☒ Addition
NAME	Michael Rath	
STREET ADDRESS	339 6th Ave. West	
CITY-ST-ZIP	Bradenton, FL 34205	
TITLE	Director	☐ Change ☒ Addition
NAME	Robert Rath	
STREET ADDRESS	339 6th Ave. West	
CITY-ST-ZIP	Bradenton, FL 34205	
TITLE	Director	☐ Change ☒ Addition
NAME	Reba C. Rogers	
STREET ADDRESS	339 6th Ave. West	
CITY-ST-ZIP	Bradenton, FL 34205	
TITLE		☐ Change ☐ 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:

Virginia A. Dorris Virginia A. Dorris

Date

Daytime Phone #

2/7/00

941-745-1836

CR2E034 (9/99)