

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91614 022 ***150.00

DOCUMENT # P98000057518

1. Entity Name

ORIS NELSON ENTERPRISE, INC.

Principal Place of Business

1106 N. G ST., STE. C
 LAKE WORTH FL 33460

Mailing Address

1106 N. G ST., STE. C
 LAKE WORTH FL 33460

2. Principal Place of Business

511 N Indian River Dr

Suite, Apt. #, etc.

Suite A

3. Mailing Address

511 N Indian River Drive

Suite, Apt. #, etc.

Suite A

City & State

Fort Pierce FL

City & State

Fort Pierce FL

Zip

34950

Country

U.S.A

Zip

34950

Country

U.S.A

4. FEI Number

65-0853085

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

NELSON, ORIS

308 FRANKLIN RD.

W. PALM BEACH FL 33408

7. Name and Address of New Registered Agent

Name

NELSON, ORIS

Street Address (P.O. Box Number is Not Acceptable)

9801 S. INDIAN RIVER DR.

City

FT PIERCE

FL

Zip Code

34982

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, 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 ☐ Delete
 NAME P
 STREET ADDRESS NELSON, ORIS L
 CITY-ST-ZIP 308 FRANKLIN RD
 WEST PALM BEACH FL 33405

TITLE ☐ Delete
 NAME VP
 STREET ADDRESS NELSON, DAVID G
 CITY-ST-ZIP 8024 AMBACH WAY
 LANTANA FL 33462

TITLE ☐ Delete
 NAME VP
 STREET ADDRESS ANDERSON, BART
 CITY-ST-ZIP 2611 NE 8TH AVE
 POMPANO BEACH FL 33064

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME PRESIDENT
 STREET ADDRESS NELSON, ORIS
 CITY-ST-ZIP 9801 S. INDIAN RIVER DR.
 FORT PIERCE, FL 34982

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME VICE-PRESIDENT
 STREET ADDRESS ANDERSON, BART
 CITY-ST-ZIP 4235 GATOR TRACE AVE. APT. D
 FORT PIERCE, FL 34982

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

BART ANDERSON
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-02

772-429-0045

CR2E034 (9/01)