

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90070 015 ***150.00

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DOCUMENT # P98000077932

1. Entity Name
THE NELSON CORPORATION



Principal Place of Business
3325 PINEWALK DR N STE 102
MARGATE FL 33063

Mailing Address
3325 PINEWALK DR N STE 102
MARGATE FL 33063



2. Principal Place of Business
3450 Greenview Terrace East
Suite, Apt. #, etc.

3. Mailing Address
3450 Greenview Terrace East
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Margate, FL
Zip
33063
Country
U.S.A.

City & State
Margate, FL
Zip
33063
Country
U.S.A.

4. FEI Number 65-0865143
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NELSON, KATHY S
3325 PINEWALK DR N STE 102
MARGATE FL 33063

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
3450 Greenview Terrace East
City Margate FL Zip Code 33063

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	NELSON, JAMES R	
STREET ADDRESS	3325 PINEWALK DR N.- #102	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	NELSON, KATHY	
STREET ADDRESS	3325 PINEWALK DR N.- #102	
CITY-ST-ZIP	MARGATE FL 33063	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3450 Greenview Terrace East	
STREET ADDRESS	Margate, FL 33063	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3450 Greenview Terrace East	
STREET ADDRESS	Margate, FL 33063	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James R. Nelson* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/03 954-753-7435
Date Daytime Phone #

CR2E034 (10/02)