

**** Amended ****

07-24-2002 90189043-61.25
P99000001753

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000001753

1. Entity Name

NELCO EIGHT, INC.

02 JUL 29 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

971006

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

339 6th Ave West

Suite, Apt. #, etc.

3. Mailing Address

339 6th Ave West

Suite, Apt. #, etc.

City & State

Bradenton, FL

Zip

34205

Country

City & State

Bradenton, FL

Zip

34205

Country

4. FEI Number

65-0885412

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Virginia A. Dorris

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

339 6th Ave West

City

Bradenton

FL

Zip Code

334205

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

Virginia A. Dorris

Signature of registered agent and title if applicable

Virginia A. Dorris

(NOTE: Registered Agent signature required when nonrelating)

7/18/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐

January to May: \$150.00
After May: \$50.00
Amended UBR: \$125.00
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
NAME
STREET ADDRESS
CITY-STATE-ZIP

P/D
Virginia A. Dorris
339 6th Ave W
Bradenton, FL 34205

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

VP/Sec/D
Dorris A. Rath
339 6th Ave West
Bradenton, FL 34205

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

T/D
Robert D. Rath
339 6th Ave W
Bradenton, FL 34205

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Virginia A. Dorris

Virginia A. Dorris, Pres. 941-745-1836

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

7/20/02