2001 UNIFORM BUSINESS REPORT (UBR)

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ith all other like empowered.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 05, 2001 8:00 am DOCUMENT # P9900033022 **Secretary of State** D K NELSON INC 03-05-2001 90353 030 ***150.00 Principal Place of Business Mailing Address 2706 TRAVELERS PALM DR. 2706 TRAVELERS PALM DR. EDGEWATER FL 32141 EDGEWATER FL 32141 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3569386 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NELSON, DOREEN K Street Address (P.O. Box Number is Not Acceptable) 2706 TRAVELERS PALM DR. **EDGEWATER FL 32141** City 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 Fiorida. Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) ____ FILE NOW!!! FEE IS \$150.00__ 9.—This corporation is eligible to satisfy its intangible 10. Election Campaign Financing **\$5:00**-маў ве~≃ Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ;R2E034 (10/00) **PVST** Addition Change ☐ Delete TITLE TITLE NELSON, DOREEN K NAME NAME STREET ADDRESS STREET ADDRESS 2706 TRAVELERS PALM DR CITY-ST-ZIP CITY-ST-ZIP **EDGEWATER FL** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE □ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition STREET ADDRESS 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

DOREEN K. NELSON (PRESIDENT