

2002 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90466 017 ***150.00

DOCUMENT # P99000033022
1. Entity Name
DOREEN K NELSON PA

DO NOT WRITE IN THIS SPACE

80068504

2. Principal Place of Business
2706 TRAVELERS PALM DR
Suite, Apt. #, etc.

3. Mailing Address
2706 TRAVELERS PALM DR
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
EDGEWATER FL

City & State
EDGEWATER FL

4. FEI Number
59-3569386

Applied For
Not Applicable

Zip
32141

Country
VOLUSIA

Zip
32141

Country
VOLUSIA

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
NELSON, DOREEN K

Street Address (P.O. Box Number is Not Acceptable)
2706 TRAVELERS PALM DR

City
EDGEWATER FL Zip Code
32141

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. (NO ILL: Registered Agent signature required when reconstituting) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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-ST-ZIP	PVST NELSON, DOREEN K 2706 TRAVELERS PALM DR EDGEWATER FL 32141	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

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: *Doreen K. Nelson* DOREEN K. NELSON (PRESIDENT) 4/8/02 (384) 428-0848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #