

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000033854

1. Entity Name

NELCO ASSOCIATES, INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90012 033 ***150.00

Principal Place of Business

Mailing Address

2201 NE 52ND STREET
LIGHTHOUSE POINT FL 33064

P.O. BOX 5460
LIGHTHOUSE POINT FL 33074-5460

2. Principal Place of Business

3. Mailing Address

515 NE 27 ST

PO Box 5460

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

POMPANO BCH FL

LIGHTHOUSE PT FL

Zip
33064

Country

BROWARD

Zip

33074

Country

BROWARD

4. FEI Number

65-0968260

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NELSON, LAWRENCE E
2201 NE 52ND STREET
LIGHTHOUSE POINT FL 33064

Name

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

515 NE 27 ST

City

POMPANO BCH

FL

Zip Code

33064

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NELSON, LAWRENCE E
2201 NE 52ND STREET
LIGHTHOUSE POINT FL 33064 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
515 NE 27TH. ST
POMPANO BCH, FL 33064 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NELSON, SUSAN C
2201 NE 52ND STREET
LIGHTHOUSE POINT FL 33064 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
515 NE 27TH. ST.
POMPANO BCH, FL 33064 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)