

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

04-30-2003 90320 016 ***158.75

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DOCUMENT # **P99000074168**



1. Entity Name
NELSON GRAPHIC ILLUSTRATION, INC.

Principal Place of Business
**6165 PARK BLVD
PINELLAS PARK FL 33781**

Mailing Address
**6165 PARK BLVD
PINELLAS PARK FL 33781**

2. Principal Place of Business
5440 58th ST. N.

3. Mailing Address
5440 58th ST. N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
KENNETH CITY, FL

City & State
KENNETH CITY, FL

4. FEI Number **59-3569263 82-0572938** Applied For

Not Applicable

Zip **33709**

Country **USA**

Zip **33709**

Country **USA**

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LIMA, NELSON
6165 PARK BLVD
PINELLAS PARK FL 33781**

7. Name and Address of New Registered Agent

Name **NELSON LIMA**
Street Address (P.O. Box Number is Not Acceptable)
5440 58th ST. N.
City **KENNETH CITY** FL Zip Code **33709**

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: *Nelson Lima*
Signature, typed or printed name of registered agent and title if applicable.

NELSON LIMA

4/25/03

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	LIMA, NELSON	
STREET ADDRESS	6165 PARK BLVD	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LIMA, LEONORA	
STREET ADDRESS	6165 PARK BLVD	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
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		

TITLE	P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON LIMA	
STREET ADDRESS	5440 58th ST. N.	
CITY-ST-ZIP	KENNETH CITY, FL 33709	
TITLE	VP.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIMA, LEONORA	
STREET ADDRESS	5440 58th ST N	
CITY-ST-ZIP	KENNETH CITY, FL 33709	
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:

Nelson Lima
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NELSON LIMA 4/25/03 (727) 547-5469

Date

Daytime Phone #

CR2E034 (10/02)