

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2001 8:00 am**  
**Secretary of State**  
 02-19-2001 90253 001 \*\*\*300.00

0344381

**DOCUMENT # S14327**

1. Entity Name  
**NELCO DIVERSIFIED, INC.**



Principal Place of Business  
**4128 W. KENNEDY BLVD**  
**TAMPA FL 33609**

Mailing Address  
**4128 W. KENNEDY BLVD**  
**TAMPA FL 33609**

**61849**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**4128 W. Kennedy Blvd**  
 Suite, Apt. #, etc.

3. Mailing Address  
**4128 W. Kennedy Blvd**  
 Suite, Apt. #, etc.

City & State  
**Tampa FL**  
 Zip  
**33609**  
 Country  
**Hills.**

City & State  
**Tampa FL 33609**  
 Zip  
 Country

4. FEI Number **59-3053941**  
 Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**NELSON, DANIEL**  
**4005 W LAUREL ST #240**  
**TAMPA FL 33607**  
**4128 W. Kennedy Blvd**  
**Tampa, FL 33609**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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 Florida.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/5/01**

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, 2001 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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>D NELSON, DANIEL</b>	<b>4005 W LAUREL ST</b>	<b>TAMPA FL</b>	<input type="checkbox"/>
		<b>4128 W. Kennedy Blvd</b>	<b>Tampa FL 33609</b>	
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

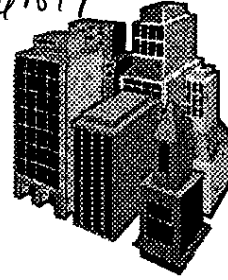
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/5/01**  
 Date

**813 281-2753**  
 Daytime Phone #

CR2E034 (10/00)

DOC # P99000105490/61849  
\$  
S14327/61848



## Nelco Development, Co.

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January 10, 2001

Florida Department of State  
Division of Corporations  
Uniform Business Report Filing  
P.O Box 1500  
Tallahassee, FL 32302-1500

To whom it may concern,

This letter serves as a notification on an amendment made in November 2000 for a corporation name change.

The original name was NCI Industries, Inc. and was changed to Nelco Development, Co.

If you have any questions please don't hesitate to give us a call.

Thank you for your prompt attention in this matter.

Sincerely,

  
Almida Ruiz