

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91509 047 ***150.00

DOCUMENT # S47001

1. Entity Name
R S MIZAR, INC.

Principal Place of Business

Mailing Address

**1106 N G STREET
 SUITE B
 LAKE WORTH FL 33460
 US**

**1106 N G STREET
 SUITE B
 LAKE WORTH FL 33460
 US**

2. Principal Place of Business

511 NORTH INDIAN RIVER DR.

3. Mailing Address

511 NORTH INDIAN RIVER DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE: A

SUITE: A

City & State

City & State

FORT PIERCE, FL

FORT PIERCE, FL

Zip

Country

Zip

Country

34950

USA

34950

USA

6. Name and Address of Current Registered Agent

**NELSON, ORIS L
 1106 N G STREET, STE B
 LAKE WORTH FL 33460**

7. Name and Address of New Registered Agent

Name

Nelson, Oris L.

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

9801 S. Indian River Drive

City

Fort Pierce, FL

FL

34982

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, 2002 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
P	NELSON, ORIS L	308 FRANKLIN ROAD	WEST PALM BEACH FL 33405	<input type="checkbox"/>
STV	MOMENT, NORMAN J	2641 N.E. 3RD STREET	POMPAHO BEACH FL 33064	<input checked="" type="checkbox"/>
SD	NELSON, ORIS	308 FRANKLIN ROAD	W. PALM BEACH FL	<input checked="" 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
President	Nelson, Oris L.	9801 S. Indian River Drive	Fort Pierce FL 34982	<input checked="" type="checkbox"/>
Vice President	Anderson, Earl	4235 Gator Trace Ave. Apt D	Fort Pierce FL 34982	<input type="checkbox"/>
Vice President	Nelson, David	8024 Ambach Way	Lantana FL 33462	<input checked="" 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-02

Date

772-422-0045

Daytime Phone #

CR2E034 (9/01)