

** Amended **

07-24-2002 90189042 *****61725
Flv34056

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

02 JUL 29 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V34056

1. Entity Name

NELCO-SIX, INC.

DO NOT WRITE IN THIS SPACE

971007

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 339 6th Ave West Suite, Apt. #, etc.		3. Mailing Address 339 6th Ave West Suite, Apt. #, etc.	
City & State Bradenton, FL		City & State Bradenton, FL	
Zip 34205	Country	Zip 34205	Country

4. FEI Number 65-0327388	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name: Virginia A. Dorris
Street Address (P.O. Box Number is Not Acceptable): 339 6th Ave West
City: Bradenton FL Zip Code: 334205

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: *Virginia A. Dorris* Virginia A. Dorris 7/18/02
Signature of Agent or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retaining)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

January 1st - May 1st Fee is \$150.00
After May 1st 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	P/D Virginia A. Dorris 339 6th Ave W Bradenton, FL 34205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/Sec/D Dorris A. Rath 339 6th Ave West Bradenton, FL 34205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Robert D. Rath 339 6th Ave W Bradenton, FL 34205
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Virginia A. Dorris* Virginia A. Dorris, Pres. 941-745-1836 7/18/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034B (12/01)

js 7/30/02