2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

V56894 **DOCUMENT #**

1. Entity Name

NELSON PLASTICS, INC.



FILED Feb 10, 2003 8:00 am Secretary of State 02-10-2003 90150 018 ***150.00

						GOO WE THE	-				
Principal Place of Business 578 NORTH STREET LONGWOOD FL 32750 US			Mailing Address 578 NORTH STREET LONGWOOD FL 32750 US								
2. Principal Pla	ace of Busin	ess	3. Mailing Address) (EBH EHBA) ANIA BISES (ENA 184)	., 6,4, 4,4,		
Suite, Apt. #	#, etc.		Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES			
City & State	-		City & State				4. [4. FEI Number 59-3138637			plied For t Applicable
Zip Country			Zip		itry	5. Certificate of Status Desired			\$8.75 Additional Fee Required		
	6. Name	and Address of Currer	t Registere	d Agent		Name	~ <u>7. l</u>	Name and Address of New R	egistered	Agent	
BRADFOR	D RICHAR	ın			•		(0.0.0		<u> </u>		
714 FLORI				Street Addre			s (P.O. 8	ox Number is Not Acceptable	, 		
		GS FL 32701									
						City			FL	Zip Code	9
the obligati	ons of regis	y submits this statement tered agent.				ed office of regis		ent, or both, in the State of Flo	DATE		
FI After	ILE NOW!	!! FEE IS \$150.00 03 Fee will be \$550.0 o Florida Department					-	Election Campaign Fir Trust Fund Contributio	n. l	Added	0 May Be I to Fees
10.		OFFICERS AN	ID DIRECTO	DRS	11.		Α[ODITIONS/CHANGES TO OFF	ICERS AN		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	714 FLOI	RD, RICHARD RIDA BLVD NTE SPRINGS FL		☐ Delete		1				☐ Change	Addition
TITLE NAME STREET ADDRESS				☐ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS		· Proposition of the second	 	☐ Delete	TITI NAI STE	LE	-			☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TIT NA STI	LE				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u></u>	☐ Delete	STI	LE ME REET ADDRESS Y-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	ST CIT	ME REET ADDRESS TY-ST-ZIP	n Sootiar	n 119.07(3)(i), Florida Statutes.	I further o	Change	☐ Addition

I nereby 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 OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: