

2004 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90186 032 ****50.00

DOCUMENT # 102000003294

1. Entity Name

NELSON SCHWENT, L.L.C. c/o MICHAEL L. NELSON

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1120 SE 32ND STREET

Suite, Apt. #, etc

3. Mailing Address
1120 SE 32ND STREET

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
CAPE CORAL, FL

Zip

33904

Country

LEE

City & State
CAPE CORAL, FL

Zip

33904

Country

LEE

4. FEI Number
45-0462949

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
MICHAEL L. NELSON

Street Address (P.O. Box Number is Not Acceptable)
1120 SE 32ND STREET

City
CAPE CORAL

FL

Zip Code
33904

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

MICHAEL L. NELSON

2/29/2004

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

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGING MEMBER
MICHAEL L. NELSON
1120 SE 32ND STREET
CAPE CORAL FL 33904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGING MEMBER
DEBRA A. NELSON
1120 SE 32ND STREET
CAPE CORAL FL 33904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGING MEMBER
TIMOTHY J. SCHWENT
268 CHESTNUT LANE
JACKSON MO 63755

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGING MEMBER
PATRICIA A. SCHWENT
268 CHESTNUT LANE
JACKSON MO 63755

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TIMOTHY J. SCHWENT

2/29/2004

573-243-3740

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CP2E083B (12/02)