

LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)

FILED  
Apr 05, 2005 8:00 am  
Secretary of State

04-05-2005 90007 048 \*\*\*\*50.00

DOCUMENT # **L02000003294**

1. Entity Name

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

DO NOT WRITE IN THIS SPACE

20026603

2. Principal Place of Business  
1120 SE 32ND STREET

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
CAPE CORAL, FL

City & State

4. FEI Number  
45-0462949

Applied For

Not Applicable

Zip  
33904

Country  
LEE

Zip

Country

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

DO NOT WRITE  
IN THIS SPACE

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

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

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  
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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

2/26/2005

573-243-3740

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

Date

Daytime Phone #

CRS03B (12/02)