

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90045 008 ****50.00

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **L02 000003294**

1. Entity Name

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

30052172

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3816 SE 13TH AVENUE

Suite, Apt. #, etc.

3. Mailing Address

3816 SE 13TH AVENUE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CAPE CORAL, FL

Zip

33904

Country

City & State

CAPE CORAL

Zip

33904

Country

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)

3816 SE 13TH AVENUE

City

CAPE CORAL

FL

Zip Code

33904

**DO NOT WRITE
IN THIS SPACE**

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

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
3816 SE 13TH AVENUE
CAPE CORAL, FL 33904**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MANAGING MEMBER
DEBRA A. NELSON
3816 SE 13 TH AVENUE
CAPE CORAL, FL 33904**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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TITLE
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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

4/5/2003

573-243-3740

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

Date

Daytime Phone #

CR2E083B (12/02)