

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90696 009 \*\*\*\*50.00

0051322

DOCUMENT # L98000001032

1. Entity Name  
**NELSON, L.C.**



Principal Place of Business  
**9250 SIDNEY HAYES RD  
ORLANDO FL 32824**

Mailing Address  
**9250 SIDNEY HAYES RD  
ORLANDO FL 32824**

2. Principal Place of Business  
**871 VIA LUGANO**  
Suite, Apt. #, etc.

3. Mailing Address  
**871 VIA LUGANO**  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State  
**Winter Park FL**  
Zip  
**32789**  
Country  
**ORANGE**

City & State  
**Winter Park FL**  
Zip  
**32789**  
Country  
**ORANGE**

4. FEI Number **59-3524112**  
Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TOWELL, DENNIS K**  
**9250 SIDNEY HAYES ROAD**  
**ORLANDO FL 32824**  
**871 VIA LUGANO**  
**Winter Park FL**  
**32789**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM RHYNALDS, WILLIAM A 400 BEACH PARK LAND CAPE CANAVERAL FL 32920</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR TOWELL, DENNIS K 9250 SIDNEY HAYES ROAD ORLANDO FL 32824</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: \_\_\_\_\_

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

Date

Daytime Phone #

**4-30-03 407-466-5690**

CR2E083 (10/02)