

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002849

1. Entity Name

THE NELSEN RESIDENCE, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90153 028 ****61.25

Principal Place of Business 2307 SE 15TH PLACE CAPE CORAL FL 33990	Mailing Address 2307 SE 15TH PLACE CAPE CORAL FL 33990-6620
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0443152		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NELSEN, ELEANOR M
 2307 SE 15TH PLACE
 CAPE CORAL FL 33990**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	Pres. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSEN, ELEANOR M	NAME	Nelsen Eleanor M.
STREET ADDRESS	2307 SE 15TH PLACE	STREET ADDRESS	2307 S. E. 15th Place
CITY-ST-ZIP	CAPE CORAL FL 33990	CITY-ST-ZIP	Cape Coral, Fl. 33990-6620
TITLE	D <input type="checkbox"/> Delete	TITLE	Vicepres. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FIGURSKI, WANDA	NAME	Leszek Sikorski
STREET ADDRESS	1415 SE 29TH ST	STREET ADDRESS	211 W. Charlotte Ave.
CITY-ST-ZIP	CAPE CORAL FL 33904	CITY-ST-ZIP	Punta Gorda, FL 33950-5546
TITLE	D <input type="checkbox"/> Delete	TITLE	Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIGURSKI, MITCHELL	NAME	Figurski, Wanda
STREET ADDRESS	1415 SE 29TH ST	STREET ADDRESS	1415 S.E. 29th Street
CITY-ST-ZIP	CAPE CORAL FL 33904	CITY-ST-ZIP	Cape Coral, Fl. 33904
TITLE	D <input type="checkbox"/> Delete	TITLE	Figurski, Mitchell Treas <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REBAR, MARION	NAME	1415 S.E. 29th Street
STREET ADDRESS	910 SE 43RD TERR	STREET ADDRESS	Cape Coral, Fl. 33904
CITY-ST-ZIP	CAPE CORAL FL 33904	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	Rev. Marian Konobrocki <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALOME, HELEN	NAME	2157 Cleveland Ave.
STREET ADDRESS	1001 SE 43RD TERR	STREET ADDRESS	Ft. Myers, Fl. 33901
CITY-ST-ZIP	CAPE CORAL FL 33904	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Ochej, Tomasz <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	363 W. Charlotte Ave.
STREET ADDRESS		STREET ADDRESS	Punta Gorda, Fl. 33950-5546
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 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 617, 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: Eleanor M. Nelsen **Eleanor M. Nelsen** P. 4/13/2000 941 458 4229
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)