

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

UBR0041

DOCUMENT # N93000002849

04-26-2001 90214 033 *****61.25

1. Entity Name

THE NELSEN RESIDENCE, INC.

Principal Place of Business

2307 SE 15TH PLACE
 CAPE CORAL FL 33990

Mailing Address

2307 SE 15TH PLACE
 CAPE CORAL FL 33990

THE NELSEN RESIDENCE, INC.

2. Principal Place of Business

3. Mailing Address

2315 S.E. 15TH PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAPE CORAL, FL: 33990

4. FEI Number

65-0443152

Applied For

Not Applicable

Zip

Country

Zip

Country

33990

LEE

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

Eleanor M. Nelsen

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

(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
NAME	NELSEN, ELEANOR M	
STREET ADDRESS	2307 SE 15TH PLACE	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	D	<input type="checkbox"/> Delete
NAME	FIGURSKI, WANDA	
STREET ADDRESS	1415 SE 29TH ST	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input type="checkbox"/> Delete
NAME	FIGURSKI, MITCHELL	
STREET ADDRESS	1415 SE 29TH ST	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input type="checkbox"/> Delete
NAME	REBAR, MARION	
STREET ADDRESS	910 SE 43RD TERR	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input type="checkbox"/> Delete
NAME	SALOME, HELEN	
STREET ADDRESS	1001 SE 43RD TERR	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSEN, ELEANOR M.	
STREET ADDRESS	2307 S. E. 15th PLACE	
CITY-ST-ZIP	CAPE CORAL, FL 33990	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESZEK SIKORSKI	
STREET ADDRESS	211 W CHARLOTTE AVE	
CITY-ST-ZIP	PUNTA GORDA, FL.33950	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIGURSKI, WANDA	
STREET ADDRESS	1415 S.E. 29th ST.	
CITY-ST-ZIP	CAPE CORAL, FL. 33904	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Figurski, Mitchell	
STREET ADDRESS	1415 S.E. 29TH ST.	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tomasz OCHEJ	
STREET ADDRESS	14380 TAMIANI TRAIL	
CITY-ST-ZIP	North PORT, FL. 34287	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIO KONO	
STREET ADDRESS	P.O. BOX 912	
CITY-ST-ZIP	FT . MYERS, FL. 33902	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/2001 941458
 Date Daytime Phone # 4229

CR2E037 (10/00)