

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

03-29-2002 91398 010 \*\*\*\*61.25

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**DOCUMENT # N93000002849**

1. Entity Name

**THE NELSEN RESIDENCE, INC.**

Principal Place of Business

Mailing Address

**2307 SE 15TH PLACE  
 CAPE CORAL FL 33990**

**2315 S.E. 15TH PLACE  
 CAPE CORAL FL 33990**

**2307 S.E. 15th Place**

**2315 S.E. 15th Place**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Office**

City & State

City & State

**Cape Coral, Fl.**

**Cape Coral, Fl.**

4. FEI Number

**65-0443152**

Applied For

Not Applicable

Zip  
**339903**

Country  
**Lee**

Zip  
**33990**

Country  
**Lee**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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, Registered Agent

March 18, 2002

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.  Eligible 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  Delete  
 NAME **D NELSEN, ELEANOR M**  
 STREET ADDRESS **2307 SE 15TH PLACE**  
 CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE  Change  Addition  
 NAME **Nelsen, Eleanor M.**  
 STREET ADDRESS **2307 S. E. 15th Place**  
 CITY-ST-ZIP **Cape Coral, Fl. 33990**

TITLE  Delete  
 NAME **D SIKORSKI, LESZEK**  
 STREET ADDRESS **211 W CHARLOTTE AVE**  
 CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE  Change  Addition  
 NAME **Sikorski, Leszek**  
 STREET ADDRESS **211 W. Charlotte Ave**  
 CITY-ST-ZIP **Punta Gorda, Fl. 33950**

TITLE  Delete  
 NAME **D FIGURSKI, WANDA**  
 STREET ADDRESS **1415 S.E. 29TH ST.**  
 CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE  Change  Addition  
 NAME **Figurski, Wanda**  
 STREET ADDRESS **1415 S.E. 29th St.**  
 CITY-ST-ZIP **Cape Coral, Fl. 33904**

TITLE  Delete  
 NAME **D FIGURSKI, MITCHELL**  
 STREET ADDRESS **1415 S.E. 29TH ST**  
 CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE  Change  Addition  
 NAME **Figurski, Mitchell**  
 STREET ADDRESS **1415 S.E. 29th St.**  
 CITY-ST-ZIP **Cape Coral, Fl. 33904**

TITLE  Delete  
 NAME **D OCHEJ, TOMASZ**  
 STREET ADDRESS **14380 TAMIANI TRAIL**  
 CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE  Change  Addition  
 NAME **Robert Mann**  
 STREET ADDRESS **2315 S.E. 15th Place Unit 5**  
 CITY-ST-ZIP **Cape Coral. Fl. 33990**

TITLE  Delete  
 NAME **D KONO, MARIO**  
 STREET ADDRESS **PO BOX 912**  
 CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE  Change  Addition  
 NAME **James Ellis**  
 STREET ADDRESS **2315 S.E. 15th Place Unit 6**  
 CITY-ST-ZIP **Cape Coral, Fl. 33990**

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 March 18 2002  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)