

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000119378

FILED
Jan 17, 2003
Secretary of State

Entity Name: ELAN PROFESSIONAL SERVICES INC.

Current Principal Place of Business:

2555 PGA BLVD.
#309
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

PO BOX 31201
PALM BEACH GARDENS, FL 334201201

New Mailing Address:

FEI Number: 11-3661667 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICE, ELLAN
2555 PGA BLVD
#309
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RICE, ELLAN
Address: 2555 PGA BLVD #309
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: CEO () Delete
Name: RICE, ELLAN
Address: 2555 PGA BLVD. #309
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: CIO () Delete
Name: RICE, LARRY J
Address: 170 DOUGLAS FIR COURT
City-St-Zip: ALPHARETTA, GA 30022 US

Title: VP () Delete
Name: RICE, LARRY
Address: 170 DOUGLAS FIR COURT
City-St-Zip: ALPHARETTA, GA 30022

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELLAN RICE

P

01/17/2003

Electronic Signature of Signing Officer or Director

_____ Date