

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 449530

1. Entity Name

ELIM, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90040 044 ***150.00

Principal Place of Business

Mailing Address

509
509 MATHEW RD
LAKELAND FL 33815
US

509
509 MATHEW RD
LAKELAND FL 33815-3226
US

2. Principal Place of Business

509 MATHEW RD.

3. Mailing Address

509 MATHEW RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKELAND. FL.

City & State

LAKELAND FL.

4. FEI Number

59-1523508

Applied For

Not Applicable

Zip 33815

Country

Zip 33815

Country

FOLK

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PELISSERO, HILDA
613 MATHEW RD
LAKELAND, FL
33815

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 *Hilda Pelissero* VST

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

(NOTE: Registered Agent signature required when reinstating)

Jan. 04. 2000

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME PELISSERO, HENRY
STREET ADDRESS 697 NIAGARA ST
CITY-ST-ZIP ST CATHARINES ONT CAN ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VST
NAME PELISSERO, HILDA
STREET ADDRESS 697 NIAGARA STREET
CITY-ST-ZIP ST CATHARINES ONT CAN ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Hilda Pelissero*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 04. 2000

Date

Daytime Phone #

ck # 5408

CR2EN34 (0/00)