

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90027 025 ***150.00

0471304 AV

DOCUMENT # 449530

1. Entity Name
ELIM, INC.

Principal Place of Business

**509 MATHEW RD
 LAKELAND FL 33815
 US**

Mailing Address

**509 MATHEW RD
 LAKELAND FL 33815
 US**

2. Principal Place of Business

9426 Barrington Oaks Dr.

Suite, Apt. #, etc.

City & State
Dover, FL

Zip
33527

Country
USA

3. Mailing Address

P O Box 280

Suite, Apt. #, etc.

City & State
Dover, FL

Zip
33527

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1523508**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PELISSERO, HILDA
 509 MATHEN RD.
 LAKELAND FL 33815**

7. Name and Address of New Registered Agent

Name
Waymon W. Thomas, Jr.
 Street Address (P.O. Box Number is Not Acceptable)
9426 Barrington Oaks Drive
 City
Dover, FL Zip Code
33527

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

Waymon W. Thomas Jr.

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

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P PELISSERO, HENRY 697 NIAGARA ST ST CATHARINES ONT CAN <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VST PELISSERO, HILDA 697 NIAGARA STREET ST CATHARINES ONT CAN <input type="checkbox"/> Delete |
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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

Date

Daytime Phone #

Jan 16/02 1-905-934-1756

CR2E034 (9/01)