2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

525071 **DOCUMENT #**

1. Entity Name

ELAINE'S AT RUTLANDS, INC.



FILED Jan 08, 2003 8:00 am Secretary of State 01-08-2003 90065 001 ***150.00

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Principal Place of Business 227 W LAKE FAITH DR % MORTON BERKSON MAITLAND FL 32751			227 W % MC	Mailing Address 227 W LAKE FAITH DR % MORTON BERKSON MAITLAND FL 32751								
2. Principal Place of Business			3. Mai	3. Mailing Address				H I BORKUT URRIN IKUUT URKAN UUNKAL KU	131 ISB 5381 116	H BIRKI DIBIL B	FOR RICH LADY	
Suite, Apt. #,	etc.	Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State		City	City & State			. 4.	FEI Number 59-1722932		Applied For Not Applicable			
Zip	Zip Country				Coun	Country 5.		Certificate of Status Desired		S8.75 Additional Fee Required		
-	6. Name an	nt Registere	Registered Agent				7. Name and Address of New Registered Agent					
						Name						1
BERKSON,			N.S.			Street Address (P.O. Box Number is Not Acceptable)						
227 W LAKE MAITLAND F												1
					City			FL Zip Code			1	
8. The above no the obligation	amed entity suns of registere	ubmits this statement d agent.	for the purp	ose of changing its	register	ed office or re	gistered a	gent, or both, in the State of Fl	orida. I am fa	miliar with,	and accept	[
SIGNATURE	1	rinted name of registered age	ent and title if and	licable (NOT	F: Registere	d Agent signature	required when	rejoctation	DATE			
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FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department o				State				9. Election Campaign Fi Trust Fund Contribution)0 May Be d to Fees	
		ID DIRECTO				Δ	L DDITIONS/CHANGES TO OFF	FICERS AND	DIRECTOR	S IN: 11	+	
10.)D	OFFICERS AN	DINLOTO		-			DDITIONO/OFFANGES TO OFF			Addition	É
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12. I hereby cer	rtify that the in	formation supplied w	ith this filing	does not qualify for	r the exe	mption stated	l in Section	n 119.07(3)(i), Florida Statutes.	I further certi	fy that the i	nformation	1
	_ 46:			بأخماط ليست بتحسين والتاري		متحط للمطام مأترية	_ 46	level offert on it made under	anth: that I ar	n an affical	or director	1

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

1/6/63

407-628-5999