

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90062 026 ****61.25

DOCUMENT # 738333
 1. Entity Name
ELEVEN ELEVEN, INC.

Principal Place of Business	Mailing Address
C/O HEIKKI PERTTU 307 BURTON ST. FAIRPORT HARBOR OH 44077	C/O HEIKKI PERTTU 307 BURTON ST. FAIRPORT HARBOR OH 44077-5554



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>C/o Marianne Parssinen</i>	3. Mailing Address <i>C/o M. Parssinen</i>
Suite, Apt. #, etc. <i>4501 Arlington Blvd #519</i>	Suite, Apt. #, etc. <i>4501 Arlington Blvd #519</i>
City & State <i>Arlington, VA 2</i>	City & State <i>Arlington VA</i>

Zip <i>22203</i>	Country	Zip <i>22203</i>	Country
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4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LAMMI, EDWIN W.
508 LUCERNE AVENUE
LAKE WORTH FL 33460

7. Name and Address of New Registered Agent

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: *Edwin W. Lammi, Treas.* DATE: *4/15/00*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEIKKI PERTTU APT. 3, NO. FEDERAL 1111 LAKE WORTH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PARSSINEN, ARVID 4501 ARLINGTON BLVD., #519 ARLINGTON VA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PARSSINEN, MARIANNE 4501 ARLINGTON BLVD., #519 ARLINGTON VA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Jeffrey Snook 896 N Federal Hwy #424 Lantana, FL 33462	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Edwin W. Lammi* DATE: *4/15/00* DAYTIME PHONE #: *707-838-3265*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E 037 (9/99)