FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005128

1. Entity Name

Elegant Illusions Inc.

FILED

04 JAN 27 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
542 Lighthouse Ave	542 Lighthouse Ave
Suite, Apt. #, etc. Suite 5	Suite, Apt. #, etc. Suite 5
City & State Pacific Grove, CA	City & State Pacific grove, CA
Zip 93950 Country USA	Zip 93950 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 77-0192727 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road.

City: Plantation FL Zip Code: 33324

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. I am familiar with, and accept the obligations of registered agent.

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	Gear, Gavin
STREET ADDRESS	23745 Spectacular Bid Lane
CITY-ST-ZIP	Monterey, CA
TITLE	VD
NAME	Cardinal, James
STREET ADDRESS	2001 Ocean St.
CITY-ST-ZIP	Santa Cruz, CA
TITLE	TD
NAME	Gear, Tamara
STREET ADDRESS	23745 Spectacular Bid Lane
CITY-ST-ZIP	Monterey, CA
TITLE	D
NAME	Heinze, Janet
STREET ADDRESS	542 Lighthouse Ave, Suite 5
CITY-ST-ZIP	PACIFIC GROVE, CA
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CR2E034B (12/02)

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: James Cardinal 12/31/03 (831) 649-1814
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #