

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90042 034 ***158.75

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 PS

DOCUMENT # F99000002952
 1. Entity Name
ELAD PROPERTIES, INC.

Principal Place of Business Mailing Address
~~24296 SEASIDE ROAD~~ 24296 SEASIDE ROAD
C/O MR. DEANE D. LEWIN C/O MR. DEANE D. LEWIN
SEAVIEW VA 23429 SEAVIEW VA 23429

80042816



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
10132 US Hwy 19 Suite, Apt. #, etc.
 Suite, Apt. #, etc.

City & State City & State
Port Richey, FL.
 Zip Country Zip Country
34668 USA

4. FEI Number Applied For
54-1945547 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
NATIONAL CORPORATE RESEARCH, LTD., INC.
1406 HAYS STREET, SUITE #2
TALLAHASSEE FL 32301

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 *Deane D. Lewin* DATE **2/27/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
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	CP LEWIN, DEANE D 24296 SEASIDE ROAD SEAVIEW VA 23429	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT LEWIN, KURT C 24296 SEASIDE ROAD SEAVIEW VA 23429	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LEWIN, SALLY D 24296 SEASIDE ROAD SEAVIEW VA 23429	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Deane D. Lewin* DATE: **2/27/02** DAYTIME PHONE #: **7573312445**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CP2E034 (9/01)