

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 03, 2001 08:00 AM
Secretary of State

DOCUMENT # **K94367**

1. Entity Name
ELAKMAN & ASSOCIATES, INC.

Principal Place of Business
13180 N CLEVELAND AVE #126
NORTH FORT MYERS FL 33903

Mailing Address
13180 N CLEVELAND AVE #126
NORTH FORT MYERS FL 33903

2. Principal Place of Business
13180 N CLEVELAND AVE #124

3. Mailing Address
13180 N CLEVELAND AVE #124

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
NORTH FORT MYERS FL

City & State
NORTH FORT MYERS FL

4. FEI Number
59-2952144

Applied For
Not Applicable

Zip
33903

Country

Zip
33903

Country

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

6. Name and Address of Current Registered Agent

ELAKMAN, SY
13180 N CLEVELAND AVE
SUITE 124
N FT MYERS FL 33903 US

7. Name and Address of New Registered Agent

Name
ELAKMAN SY PRES,SE
Street Address (P.O. Box Number is Not Acceptable)
13180 N CLEVELAND AVE
SUITE 124
City
N FT MYERS FL Zip Code
33903

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 **SY ELAKMAN**

04/03/2001

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, 2001 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	FL	33901	Delete
S	ELAKMAN, PEGGY L.	3846 DELEON ST	FT MYERS	FL	33901	<input type="checkbox"/>
P	ELAKMAN, SY L.	3846 DELEON ST	FT MYERS	FL	33901	<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33901	Change	Addition
S	ELAKMAN SY	3846 DELEON ST	FT MYERS	FL	33901	<input checked="" type="checkbox"/>	<input type="checkbox"/>
P	ELAKMAN SY	3846 DELEON ST	FT MYERS	FL	33901	<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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: **SY ELAKMAN**

PRES 04/03/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)