

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014575

1. Entity Name

THE ELVES, LLC

FILED

01 DEC 18 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

7330 WESTPOINTE BLVD., #424
ORLANDO FL 32835

Mailing Address

7330 WESTPOINTE BLVD., #424
ORLANDO FL 32835

2. Principal Place of Business

3. Mailing Address

8616 W. 46th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Indianapolis, IN

Zip

Country

Zip

Country

46234

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOMBARDOZZI, CHRISTOPHER
7330 WESTPOINTE BLVD., #424
ORLANDO FL 32835

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

600004735366--3
-12/21/01--01007--029
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME Christopher Lombardozzi
STREET ADDRESS 8616 W. 46th St.
CITY-ST-ZIP Indianapolis, IN 46234 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Christopher Lombardozzi 6/29/01 317-496-4562

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CR2E083 (5/01)

STAPLE CHECK HERE