

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L01000018803**

1. Entity Name

ELEPHANTE & ASSOCIATES, L.L.C.

Principal Place of Business

**2865 GLORIA COURT
CLEARWATER FL 33761**

Mailing Address

**2865 GLORIA COURT
CLEARWATER FL 33761**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

P.O. Box 15436**Clearwater, FL****33766-5436 USA****FILED**
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90029 001 ****55.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1150672

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FREEBRON, ALISON K
360 MONROE STREET
DUNEDIN FL 34698**

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

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 May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	LECKWART, JOHN F	
STREET ADDRESS	2865 GLORIA COURT	
CITY-ST-ZIP	CLEARWATER FL 34698	

TITLE	MGR	<input type="checkbox"/> Delete
NAME	LECKWART, MARY M	
STREET ADDRESS	2865 GLORIA COURT	
CITY-ST-ZIP	CLEARWATER FL 34698	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

John F. Leckwart
John F. Leckwart**January 7, 2002****(727) 799-4919**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)