

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 26, 2002 8:00 am**  
**Secretary of State**

04-26-2002 90008 043 \*\*\*150.00

FLS00001 AV

**DOCUMENT # L42786**  
 1. Entity Name  
**ELLFRED, INC.**

Principal Place of Business      Mailing Address  
**14146 GULF BLVD**                      **14146 GULF BLVD**  
**#3A**    **#3A**  
**MADEIRA BEACH FL 33708**              **MADEIRA BEACH FL 33708**  
**US**    **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.  
 City & State                              City & State

4. FEI Number      Applied For  
**59-2998331**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**GOLDBRONN DOREEN M**  
**25400 US 19 NORTH**  
**STE 179**  
**CLEARWATER FL 33763**

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

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, 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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MYERS, FRED W.</b>
STREET ADDRESS	<b>14146 GULF BLVD., #3A</b>
CITY-ST-ZIP	<b>MADEIRA BEACH FL</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>WOODARD, ELOISE</b>
STREET ADDRESS	<b>14146 GULF BLVD., #3A</b>
CITY-ST-ZIP	<b>MADEIRA BEACH FL</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MYERS, WILLIAM A.</b>
STREET ADDRESS	<b>3592 LANDMARK TRAIL</b>
CITY-ST-ZIP	<b>PALM HARBOR FL</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: Fred W. Myers, President      Date: 4/15/02      Daytime Phone #: 727-397-7179  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)