2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # L75903** Aug 15, 2000 8:00 am Secretary of State 1. Entity Name ELSIE ENTERPRISES, INC. 08-15-2000 90005 032 ***150.00 Principal Place of Business Mailing Address 5951 RICHARD LN W 5951 RICHARD LN W JACKSONVILLE FL 32216 JACKSONVILLE FL 32216 PARTOROR 2. Principal Place of Business 3. Mailing Address 820 SHETTER 820 Shetter Ave Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 59-3021738 JACKSONIALE BEACH FL Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 4211 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WINKLER, JOHN S. Street Address (P.O. Box Number is Not Acceptable) 2515 OAK ST JACKSONVILLE FL 32204 Zip Code City 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Delete Addition TITL É TITLE **EVANS, ELSIE** NAME NAME 1434 JAMES ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MARIETTA GA Change ☐ Addition D ☐ Delete TITLE **EVANS, VICTOR** NAME STREET ADDRESS STREET ADDRESS 5951 RICHARD LN W CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL ☐ Change ☐ Addition Delete TITLE NAME-NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

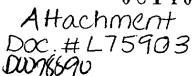
CITY-ST-7IP

SVIMATURE REQUIRED 8-11-00

(904)270-0901

ELSIE ENTERPRISES, INC.

820 Shetter Ave. Jacksonville Beach, Florida 32250



August 8, 2000

Florida Department of State Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Re: 2000 Uniform Business Report

Gentlemen: --

Enclosed please find our completed 2000 Uniform Business Report. We are enclosing payment in the amount of \$150.00 (the original fee), due to the fact that the 1st notice of the report was not received by our office. We do not know the reason that the original report was not received; however, we request that the penalty be waived due to reasonable cause.

If you have any questions about the above, please do not hesitate to contact us. Thank you for your consideration in this matter.

Very truly yours,

Victor Evans

President