## **2001 UNIFORM BUSINESS REPORT (UBR)**

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

200	1 UNIFO	RM BUSI	NESS REPO	ORT (I	UBR)		APPROVE AND	ili.		•
	JMENT #		0006790		<u>-</u>		FILED	0. E0		
ELJ ICE,	LLC	•				ſ	DIAPRIS PM			
							SECRETARY OF ALEAHASSEE, F	STATE		
	ce of Business VATER DRIVE L 32804		Mailing Address 5224 ALBELIA DRIVE ORLANDO FL 32819-334	12		111	AFEAHA22FF.	Gaulak		
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2. Principal F	Place of Business	,	3. Mailing Address 3405 Edg	a sorte	c DC	ĺ.	1 18011BH DHO 1011B 10111 00111 0	1111 <b>  1</b> 1111   <b>11</b> 111   11		1211  EB   1001
Suite, Apt. #, etc. Suite, Apt. #, etc.				eware	<i>,</i> 0, .	DO NOT WRITE IN THIS SPACE				
City & Star	te		City & State	Fire	۳	4. FEI N	Jumber 59-360409	 5	. ——	oplied For
Zip	Col	untry	Orlando	Country	αα	5. Certif	icate of Status Desired		5.00 Add	
	6. Name and A	ddress of Current Re	32804 Egistered Agent				and Address of New F	F	ee Require	:d
			<u> </u>		łame				<b>,</b>	
CLARK, E			/	s	Street Address (	P.O. Box N	umber is Not Acceptable	e)		
	Belia Drive O FL 32819						*	<del></del>		
OI ID II ID	0 1 2 02010				City	<u> </u>		FL	Zip Cod	θ
8 The above	named entity cultur	ite this statement for t	he purpose of changing it:	e registered o	office or register	rad agent o	or both, in the State of Flo			
o. me acove	e named entity soom	ats this statement for a	ne purpose or changing in	s registered o	ince or register	eu agent, c	Doin, in the State of the	Jilua.		
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SIGNATURE	Signature, typed or printed	I name of registered agent and	I title if applicable. (NO	TE: Registered Age	ent signature required	f when reinstatir	ng)	DATE		
SIGNATURE	Signature, typed or printed	name of registered agent and				d when reinstatir			166	
SIGNATURE	Signature, typed or printed	I name of registered agent and		OW!!! FEI	E IS \$50.00		600004 -04/20	035 0/010	1054	013
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