

DOCUMENT # P00000088854

1. Entity Name

02 ELEMENTS, INC.

1/16

FILED
Feb 06, 2001 8:00 am
Secretary of State

01-16-2001 90064 002 ***150.00

Principal Place of Business

Mailing Address

49 N ORANGE AVE
ORLANDO FL 3280149 N ORANGE AVE
ORLANDO FL 32801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3673517

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DRAVES, DONNA L
 120 E CONCORD ST
 ORLANDO FL 32801

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, 2001 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 D ☐ Delete
 NAME SHAMBECK, SARA
 STREET ADDRESS 1621 LASBURY AVE
 CITY-ST-ZIP WINTER PARK FL 32789

TITLE D ☐ Delete
 NAME RODRIGO, RICHARD
 STREET ADDRESS 1621 LASBURY AVE
 CITY-ST-ZIP WINTER PARK FL 32789

TITLE D ☐ Delete
 NAME WHITEHURST, SUSAN
 STREET ADDRESS 206 RANCH RD
 CITY-ST-ZIP WINTER PARK FL 32792

TITLE D ☐ Delete
 NAME TUCCI, THERESA
 STREET ADDRESS 3313 OLDE WHARF RUN
 CITY-ST-ZIP WINTER PARK FL 32792

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)