

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/1

**FILED**  
**Jun 19, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90077 026 \*\*\*150.00

**DOCUMENT # P00000112734**

1. Entity Name

ELAN STUDIO, INC.

Principal Place of Business

Mailing Address

141 E CLARIDGE ST  
 SATELLITE BEACH FL 32937

141 E CLARIDGE ST  
 SATELLITE BEACH FL 32937

2. Principal Place of Business

105 S. Riverside Dr.

Suite, Apt. #, etc.

Suite 203

City & State

Indianapolis, FL

Zip

32903

Country

Breward

3. Mailing Address

105 S. Riverside Dr.

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3685584

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

THOMAS, JOAN  
 141 E CLARIDGE ST  
 SATELLITE BEACH FL 32937

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, 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 \* Thomas, Joan \* Pres. ☐ Delete  
 NAME 141 E Claridge St V.P., Sec. &  
 STREET ADDRESS Satellite Beach FL 32937 Dir.  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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: Joan M Thomas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/01 321-779-9583

Date

Daytime Phone #

CR2E034 (10/00)