

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90073 008 ***150.00

DOCUMENT # P00000117302

1. Entity Name
STACEY ELDER, INC.



Principal Place of Business
**3200 N. MILITARY TRAIL, #201
BOCA RATON FL 33431**

Mailing Address
**3200 N. MILITARY TRAIL, #201
BOCA RATON FL 33431**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1063913**

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

**ELDER, STACEY
3200 N. MILITARY TRAIL, #201
BOCA RATON FL 33431**

Name **Shawne Blair**

Street Address (P.O. Box Number is Not Acceptable)

3200 N. Military Trail #201

City **Boca Raton**

FL

Zip Code **33431**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D**
NAME **ELDER, STACEY**
STREET ADDRESS **2597-TRAPP AVE.**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

☐ Delete

TITLE **D, P**
NAME **Elder, Stacey**
STREET ADDRESS **25320 Via Oriol**
CITY-ST-ZIP **Valencia, CA 91355**

☒ Change ☐ Addition

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STREET ADDRESS
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☐ Change ☐ Addition

12. 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 10 or Block 11 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

May 04, 03

Date

Daytime Phone #

CR2E034 (10/02)