

FILED
Jun 09, 2003 8:00 am
Secretary of State

06-09-2003 90124 044 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

80125407

DOCUMENT # P01000004579			
1. Entity Name ELEGANT @ HOME, INC. OF SOUTHWEST FLORIDA			
Principal Place of Business 5636 YOUNGQUIST ROAD #2 FORT MYERS, FL 33912		Mailing Address 5636 YOUNGQUIST ROAD #2 FORT MYERS, FL 33912	
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 65-1065048	
		Applied For ☐ Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
S.W. PROFESSIONAL SERVICES OF SO. FL. INC 13671 MCGREGOR BLVD. #22 FORT MYERS, FL 33912			
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent Signature required when submitting) DATE _____			
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			
TITLE	VP	☐ Delete	
NAME	ACEVEDO, ANGEL		
STREET ADDRESS	8604 CYPRESS DR N		
CITY-STATE-ZIP	FORT MYERS, FL 33912		
TITLE	VP	☐ Delete	
NAME	ACEVEDO, ILENA		
STREET ADDRESS	8604 CYPRESS DR N		
CITY-STATE-ZIP	FORT MYERS, FL 33912		
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: <u>Shana Acundo</u> <u>6/04/03</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2034 (10/02)