

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90111 017 ***150.00

DOCUMENT # P01000044324

1. Entity Name
ELLIS, INC.



Principal Place of Business
**416 SUMMIT RIDGE PLACE #302
LONGWOOD FL 32779**

Mailing Address
**416 SUMMIT RIDGE PLACE #302
LONGWOOD FL 32779**

2. Principal Place of Business
48 BRYNAL ROAD
Suite, Apt. #, etc.

3. Mailing Address
48 BRYNAL ROAD
Suite, Apt. #, etc.

City & State
BURNT HILLS, NY

City & State
BURNT HILLS, NY

4. FEI Number **59-3711335**

Applied For
Not Applicable

Zip Country
12027 USA

Zip Country
12027 USA

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ELLIS, JODIE L
416 SUMMIT RIDGE PLACE #302
LONGWOOD FL 32779**

7. Name and Address of New Registered Agent

Name

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

City **APOPKA, FL** Zip Code **32703**

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

(NOTE: Registered Agent signature required when reinstating)

3/28/03
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

TITLE **PSD** ☐ Delete
NAME **ELLIS, JODIE L**
STREET ADDRESS **416 SUMMIT RIDGE PLACE #302**
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE ☐ Delete
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CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☒ Change ☐ Addition
NAME **ELLIS, JODIE L**
STREET ADDRESS **48 BRYNAL ROAD**
CITY-ST-ZIP **BURNT HILLS, NY 12027**

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

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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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/03

Date

518-265-0112

Daytime Phone #

CR2E034 (10/02)