

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90137 028 ***150.00

0002312 AT

DOCUMENT # P01000063933

1. Entity Name
ELEGANT FOAM, INC.



Principal Place of Business
**200 NORTH STAR COURT
SANFORD FL 32771**

Mailing Address
**POST OFFICE BOX 470699
LAKE MONROE FL 32747 -**



2. Principal Place of Business

3. Mailing Address

P.O. Box 470699

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lake Monroe, FL

4. FEI Number

59-3731431

Applied For

Not Applicable

Zip

Country

Zip

470699-0699

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EKBERG, DANIEL A
200 NORTH STAR COURT
SANFORD FL 32771**

Name

EKberg, Daniel A.

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

8407 River Branch PL

City

Sanford

FL

Zip Code

32771

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 **P** ☐ Delete
NAME **EKBERG, DANIEL A**
STREET ADDRESS **6888 HIDDEN GLADE**
CITY-ST-ZIP **SANFORD FL 32771**

TITLE **PT** ☒ Change ☐ Addition
NAME **EKberg, Daniel A**
STREET ADDRESS **8407 River Branch Place**
CITY-ST-ZIP **Sanford, FL 32771**

TITLE **VP** ☐ Delete
NAME **EKBERG, JEANETTE**
STREET ADDRESS **6888 HIDDEN GLADE**
CITY-ST-ZIP **SANFORD FL 32771**

TITLE **VPS** ☒ Change ☐ Addition
NAME **EKberg, Jeanette.**
STREET ADDRESS **8407 River Branch Place**
CITY-ST-ZIP **Sanford, FL 32771**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MVP** ☐ Change ☒ Addition
NAME **HORNSBY, David**
STREET ADDRESS **160 N. 4th St.**
CITY-ST-ZIP **Lake Mary FL 32746**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MVP** ☐ Change ☐ Addition
NAME **Digman, Garrett**
STREET ADDRESS **2511 Rivertree Cr.**
CITY-ST-ZIP **Sanford, FL 32771**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Daniel A. Ekberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-03

Date

407-324-9312

Daytime Phone #

CR2E034 (10/02)