

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 02, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90045 044 \*\*\*150.00

37181



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P01000075567**

1. Entity Name  
**ELAINE CRANDALL, INC.**

Principal Place of Business  
 431 S. SURF RD.  
 HOLLYWOOD FL 33019

Mailing Address  
 431 S. SURF RD.  
 HOLLYWOOD FL 33019

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State

4. FEI Number  
**65-1138996**

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

6. Name and Address of Current Registered Agent  
**LANDY, Nanci S Esq**  
**2700 S. COMMERCE PKWY., STE. 305**  
**WESTON FL 33331**

7. Name and Address of New Registered Agent  
 Name: **ELAINE CRANDALL**  
 Street Address (P.O. Box Number is Not Acceptable): **431 S. SURF RD.**  
 City: **HOLLYWOOD** FL Zip Code: **33019**

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]* **ELAINE CRANDALL** DATE: **2-19-02**

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>ELAINE CRANDALL, PRESIDENT</b> <b>431 S. SURF RD.</b> <b>HOLLYWOOD, FL 33019</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* **ELAINE CRANDALL** Date: **2/20/02** Daytime Phone #: **954-970-0831**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **ELAINE CRANDALL** Title: **PRESIDENT**

CR2E034 (9/01)

Attachment

37181

June 23, 2001

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Reference No. P01000075567

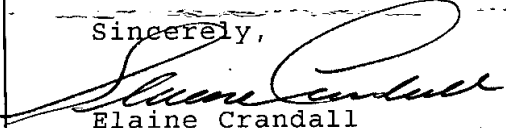
To Whom It May Concern:

I was out of town at the time this mail was received. My elderly mother who lives with me was collecting the mail and misplaced it, along with some other papers.

After finally recovering all my mail, I realized that the 30 days expired to respond to the letter. I called the Division of Corporations and a nice young lady told me to write a letter explaining my situation and that that should take care of the problem.

I apologize for the delay in handling this matter; however, I have enclosed the corrected report listing the information requested. I hope this resolves the situation without penalty. Should there be any questions or further problems, I can be reached at 954-920-0831. Thank you for your attention to this matter.

Sincerely,



Elaine Crandall  
Elaine Crandall, Inc.  
431 S. Surf Rd.  
Hollywood, Florida 33019