2002 Uniform Business Report (UBR)

DOCUMENT # 1. Entity Name

P30421

ELLIS LORD, INC.

Principal Place of Business

MOBILE AL 36616-2506

P.O. BOX 161506

115

Zip

Mailing Address

3. Mailing Address

P.O. BOX 161506 MOBILE AL 36616-2506

US

2.	Principal Place of Business

Suite, Apt. #, etc.

6. Name and Address of Current Registered Agent

City & State City & State

Country Zip

Suite, Apt. #, etc.

Country

4. FEI Number 63-1025664

5. Certificate of Status Desired

Fee Required 7. Name and Address of New Registered Agent

Mar 31, 2002 8:00 am Secretary of State

03-31-2002 90335 008 ***158.75

M

DATE

DO NOT WRITE IN THIS SPACE

MELVIN, JACKIE P 356 WEST NINE MILE ROAD PENSACOLA FL 32534

Name

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

(NOTE: Registered Agent signature required when reinstating)

Zip Code

\$8.75 Additional

(See criteria on back)

SIGNATURE

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

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00

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.

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

Applied For

Not Applicable

11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE □ Delete TITLE ☐ Change ☐ Addition NAME Lord, L. Ellis NAME STREET ADDRESS 501 CHURCH AVE. STREET ADDRESS CITY-ST-ZIP DAPHNE AL 36526 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME WEBER, JAY W. NAME STREET ADDRESS 6416 TOKENEAK TRAIL STREET ADDRESS CITY-ST-ZIP MOBILE AL 36695 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS

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 his 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.

CITY-ST-ZIP

CITY-ST-ZIP

(9/01)