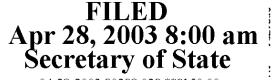
## 2003 FOR PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR)** P94000047166 **DOCUMENT #** 1. Entity Name JAMES H. ELSON, P.A.



04-28-2003 90298 029 \*\*\*150.00

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Principal Place of Business 680 8TH AVE. S NAPLES FL 34102				Mailing Address 680 6TH AVE. \$ NAPLES FL 34102				110101010			
2. Principal Place of Business				3. Mailing Address					1		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State				City & State				<b>4.</b> F	65-0496956		Applied For Not Applicable
Zip Country			Zip	Zip Co			untry		Certificate of Status Desired	<b>\$8.75</b> Fee Requ	Additional uired
<u> </u>	6. Name	d Agent	للمتحصد			≃7N	lame and Address of New Register	ed Agent			
						Name					
ELSON, JAMES				Stree			Address (P.O. Box Number is Not Acceptable)				
680 8TH AVE. S				Street Addi			iuless (r	5 (1.5. dox realised to the Acceptable)			
NAPLES FL 33940											
· · · · · · · · · · · · · · · · · · ·						City Zip Code					`a.da
	,						FL   Zip Code				,ode
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											
	Signature, typeo	or printed name or registered as	gent and title if app	ilicable. (NOTE	:: Registere	a Agent signatur	e required v	wueu tei	Instating)	UE	
F After Make Check						Election Campaign Financing     Trust Fund Contribution.		5.00 May Be ded to Fees			
10.		OFFICERS A	ND DIRECTO	RS	11.			ADI	DITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 11
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NAME	ELSON, JA	MES			NAM	E					
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	680 8TH A	ve, s			STRE	ET ADDRESS		_			
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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 strue 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 advices, with all other like empowered.

**SIGNATURE:**