

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90051 014 ***150.00

DOCUMENT # P95000018110

1. Entity Name
ELENA'S, INC.

Principal Place of Business
**10401 BETMARK LN
PENSACOLA FL 32534
US**

Mailing Address
**P.O. BOX 15286
PENSACOLA FL 32504**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2400 W. michigan ave.
Suite, Apt. #, etc.
#20**

3. Mailing Address

Suite, Apt. #, etc.

City & State
Pensacola FL.

City & State

4. FEI Number **59-3302100**

Applied For
Not Applicable

Zip
32526

Country
US

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GUTTMAN, ELEANA
10401 BETMARK LN
PENSACOLA FL 32534**

Name **Elena D. Guttman**

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

10401 Betmark Ln.

City **Pensacola**

FL

Zip Code
32534

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 **Elena D. Guttman**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒
(See criteria on back)

**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	D GUTTMAN, ELENA 10401 BETMARK LN PENSACOLA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Elena D. Guttman (Director)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-02 (850) 941-1300
Date Daytime Phone #

CR2E034 (9/01)