

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**  
 04-12-2000 90177 036 \*\*\*150.00

**DOCUMENT # P95000034120**

1. Entity Name

**ELUSIVE, INC.**

Principal Place of Business

210 N 23 ST  
 FLGLER BEACH FL 32136  
 US

Mailing Address

118 FLAGLER PLAZA DR #104  
 PALM COAST FL 32137-5968  
 US

00008813



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**118 FLAGLER PLAZA DR. #104**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**PALM COAST, FL**

City & State

4. FEI Number

**59-3313494**

Applied For

Not Applied

Zip

**32137**

Country

**USA**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CHRISTINE HENRY**  
**210 N 23RD ST**  
**FLGLER BEACH FL 32136**

7. Name and Address of New Registered Agent

Name

**CHRISTINE HENRY**

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

**12 SUTTER COURT**

City

**DAYTONA BEACH, FL**

Zip Code

**32119**

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

**CHRISTINE HENRY**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-10-2000**

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, 2000 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

TITLE **PSTD** ☐ Delete  
 NAME **HENRY, RICHARD J**  
 STREET ADDRESS **118 FLAGLER PLAZA DR #104**  
 CITY-ST-ZIP **PALM COAST FL 32137**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 CITY-ST-ZIP

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, changed, or on an attachment with an address, with or without other like empowered.

SIGNATURE:

**RICHARD J. HENRY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**2/14/00 904-540-707**

Daytime Phone #