2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR** 

## **DOCUMENT #**

P95000075561

1. Entity Name

ELCYCER, INC.

LYNN, SANDRA T ESQ

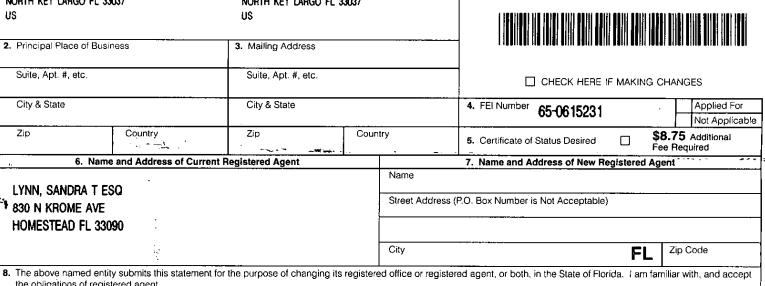
3 830 N KROME AVE HOMESTEAD FL 33090

PHYLLIS L. OSTERCHRIST, CAA, PA

Principal Place of Business Mailing Address 405 SOUTH HARBOR DRIVE 405 SOUTH HARBOR DRIVE NORTH KEY LARGO FL 33037 NORTH KEY LARGO FL 33037 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country 6. Name and Address of Current Registered Agent

Apr 03, 2003 8:00 am Secretary of State

04-03-2003 90162 031 \*\*\*150.00



the obligations of registered agent.							
SIGNATURE .	Signature, typed or printed name of registered agent and title if applic	able. (NOTE: R	egistered Agent signat	ure required when reins	tating)	DATE	
After	ILE NOW!!! FEE IS \$150.00  May 1, 2003 Fee will be \$550.00  Repayable to Florida Department of State				Election Campaign Finar Trust Fund Contribution.		<b>0</b> May Be to Fees
10.	OFFICERS AND DIRECTOR	S	11.	ADDI	TIONS/CHANGES TO OFFIC	ERS AND DIRECTORS	N 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS OSTERCHRIST, ERIC P 405 SOUTH HARBOR DRIVE NORTH KEY LARGO FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT OSTERCHRIST, PHYLLIS L 405 SOUTH HARBOR DRIVE NORTH KEY LARGO FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	405 SOJ	T, SECRETARY HRIST, PHYLLIS TH HARBOR DR KEY VALGO, FL	XChange CVE 33037	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete -	TITLE NAME STREET ADDRESS CITY-ST-ZIP		• • • • • • • • • • • • • • • • • • • •	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
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							

City

indicated on this report or supplied with this filling 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 suppliermental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

CR2E034 (10/02)