

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 8:00 am
Secretary of State
 04-28-2001 90025 036 ***150.00

0516372

DOCUMENT # P96000083558

1. Entity Name
ELE NEE, INC.

Principal Place of Business

**102 MAGNOLIA LANE
 TAMPA FL 33610**

Mailing Address

**P O BOX 2168
 MANGO FL 33550
 US**

2. Principal Place of Business

2006 S. PARSONS AVE

3. Mailing Address

102 MAGNOLIA LN.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SEFNER, FL

City & State

TAMPA, FL

Zip

33854

Country

Zip

33610

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3414611

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**WALTER, JOHN R
 102 MAGNOLIA LANE
 TAMPA FL 33610**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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, 2001 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 **PD** ☐ Delete
 NAME **WALTER, JOHN R**
 STREET ADDRESS **102 MAGNOLIA LANE**
 CITY-ST-ZIP **TAMPA FL**

TITLE **DV** ☐ Delete
 NAME **WALTER, PAMELA R**
 STREET ADDRESS **102 MAGNOLIA LANE**
 CITY-ST-ZIP **TAMPA FL**

TITLE **DS** ☐ Delete
 NAME **BAPTISTE, CUTHBERT J**
 STREET ADDRESS **PAPILLOTE**
 CITY-ST-ZIP **TRAFALGAR DOMINICA FL**

TITLE **T** ☐ Delete
 NAME **MELANSON, DAWN M**
 STREET ADDRESS **322 MAGNOLIA LN**
 CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
 NAME
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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01 **813**
 Date Daytime Phone # **655-1760**

CR2E034 (10/00)