## **2002 UNIFORM BUSINESS REPORT (UBR)**

## May 08, 2002 8:00 am<sup>3</sup> Secretary of State **FILED** P97000040955 DOCUMENT # 1. Entity Name E.L.M. DEVELOPERS, INC. 05-08-2002 90023 033 \*\*\*150.00 Principal Place of Business Mailing Address 528 CORBIN PARK ROAD 528 CORBIN PARK ROAD **NEW SMYRNA BEACH FL 32168** NEW SMYRNA BEACH FL 32168 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0763399 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MASSELL, ED Street Address (P.O. Box Number is Not Acceptable) 528 CORBIN PARK ROAD **NEW SMYRNA BEACH FL 32168** City Zip Code Fi 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition MASSELL, ED NAME NAME **528 CORBIN PARK ROAD** STREET ADDRESS STREET ADDRESS **NEW SMYRNA BEACH FL 32168** CITY-ST-ZIP CITY-ST-ZIP SEC. I TREASURER LALIKA MASSEL-KAISER 508 CORBIN PARK RD. TITLE TITLE ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW SMERKA BOW, FC TITLE ☐. Delete TITLE VICE-PRESIDENT NAME NAME JEANNE M. STREET ADDRESS STREET ADDRESS 508 CORBIN PACK RO. CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS

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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-7IP