

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 24, 2002 8:00 am**  
**Secretary of State**

01-24-2002 90198 035 \*\*\*150.00

CR 20034 9/01

**DOCUMENT # P97000098932**

1. Entity Name  
**ELLEN LANSBURGH, INC.**

Principal Place of Business

Mailing Address

~~1065 KANE CONCOURSE~~  
~~BAY HARBOR IS FL 33154~~  
~~US~~

~~1065 KANE CONCOURSE~~  
~~BAY HARBOR IS FL 33154~~  
~~US~~

2. Principal Place of Business

3. Mailing Address

**1175 101<sup>st</sup> Street**  
 Suite, Apt. #, etc.  
**# 5**

**1175 101<sup>st</sup> St.**  
 Suite, Apt. #, etc.  
**# 5**

City & State  
**Bay Harbor Is., FL**  
 Zip  
**33154-1528** Country  
**US**

City & State  
**Bay Harbor Is., FL**  
 Zip  
**33154-1528** Country  
**US**



DO NOT WRITE IN THIS SPACE

4. FEI Number  
**65-0796880**

Applied For  
 Not Applicable

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

**LANSBURGH, ELLEN**  
~~1065 KANE CONCOURSE~~  
**BAY HARBOR IS. FL 33154**

Name  
**Lansburgh, Ellen**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1175 101<sup>st</sup> Street**  
**# 5**  
 City  
**Bay Harbor Is., FL** Zip Code  
**33154**

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

(NOTE: Registered Agent signature required when reinstating)

DATE  
**1/9/02**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>LANSBURGH, ELLEN</b><br><del>1065 KANE CONCOURSE</del><br><b>BAY HARBOR IS FL 33154</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>Lansburgh, Ellen</b><br><b>1175 101<sup>st</sup> Street # 5</b><br><b>Bay Harbor Is, FL 33154</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 another like empowered.

SIGNATURE: *Ellen Lansburgh*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE  
**1/9/02**

DAYTIME PHONE #  
**(305) 861-6900**

CR2E034 (9/01)