

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000022686

1. Entity Name

ELEGANT EXPRESSIONS INCORPORATED

FILED

Apr 14, 2001 8:00 am  
Secretary of State

04-14-2001 90040 024 \*\*\*150.00

Principal Place of Business

7111 HOLIDAY RD. S.  
JACKSONVILLE FL 32216

Mailing Address

7111 HOLIDAY RD. S.  
JACKSONVILLE FL 32216

2. Principal Place of Business

1301 Monument Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite 18

City & State

Jacksonville, FL

Zip

32225

Country

Duval

4. FEI Number 59-3496315

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STANCZYK, ELIZABETH  
7111 HOLIDAY RD. S.  
JACKSONVILLE FL 32216

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 DPT  
NAME STANCZYK, ELIZABETH  
STREET ADDRESS 7111 HOLIDAY RD. S.  
CITY-ST-ZIP JACKSONVILLE FL 32216

☐ Delete

TITLE DVS  
NAME MEROLLE, LORI  
STREET ADDRESS 1153 ROMAINE CIR. E.  
CITY-ST-ZIP JACKSONVILLE FL 32225

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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 all other like empowered.

SIGNATURE:

Elizabeth Stanczyk Elizabeth Stanczyk 4/11/01 904-721-6020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)