

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000026098**1. Entity Name
ELEA'S IMAGE, INC.**Principal Place of Business**10366 FOX TRAIL RD. S.
PT. 1713
ROYAL PALM BEACH
33411
FL**Mailing Address**10366 FOX TRAIL RD. S.
PT. 1713
ROYAL PALM BEACH
33411
FL**2. Principal Place of Business**

10366 FOX TRAIL RD. S.

3. Mailing Address

10366 FOX TRAIL RD. S.

Suite, Apt. #, etc.

APT. 1713

Suite, Apt. #, etc.

APT. 1713

City & StateROYAL PALM BEACH
FL**City & State**ROYAL PALM BEACH
FL**Zip**

33411

Country

US

Zip

33411

Country

US

4. FEI Number**65-0828008****Applied For**☐ Not Applicable**5. Certificate of Status Desired**☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentHARRISON ELEA
19472 N.W. 23RD. PLACEPEMBROKE PINES
33029
US

FL

7. Name and Address of New Registered Agent**Name**

HARRISON ELEA

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

10366 FOX TRAIL RD. S.

APT. 1713**City**

ROYAL PALM BEACH

FL

Zip Code

33411

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 **ELEA HARRISON**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03/30/2001

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	VPT	<input type="checkbox"/> Delete
NAME	HARRISON ELEA	
STREET ADDRESS	19472 N.W. 23RD. PLACE	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	DP	<input type="checkbox"/> Delete
NAME	HARRISON ELEA	
STREET ADDRESS	19472 N.W. 23RD. PLACE	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON ELEA	
STREET ADDRESS	10366 FOX TRAIL RD. S. APT 1713	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON ELEA	
STREET ADDRESS	10366 FOX TRAIL RD. S. APT 1713	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Elea Harrison

DP

03/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)