

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 28, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000042055**1. Entity Name
ELAINE ENTERPRISES, INC.

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|---|---|
| Principal Place of Business 2110 DOLPHIN MARATHON FL 330505 | Mailing Address 2110 DOLPHIN MARATHON FL 330505 |
|---|---|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address 2110 DOLPHIN Suite, Apt. #, etc. |
|---|---|

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------|-----------------------------|
| City & State MARATHON FL | City & State MARATHON FL |
| Zip 33050 | Country |

| | |
|------------------------------------|-------------------------------|
| 4. FEI Number 65-0857545 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required**6. Name and Address of Current Registered Agent**WRIGHT THOMAS D
10095 OVERSEAS HWY
STE 10
MARATHON FL 33050**7. Name and Address of New Registered Agent**

| |
|---|
| Name WRIGHT THOMAS D |
| Street Address (P.O. Box Number is Not Acceptable) 9711 OVERSEAS HIGHWAY |
| City MARATHON FL Zip Code 33050 |

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 _____ **04/28/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

| | |
|-----------------------------------|---------------------------------|
| TITLE D | <input type="checkbox"/> Delete |
| NAME ZIMMERMAN ELAINE G | |
| STREET ADDRESS 2110 DOLPHIN | |
| CITY-ST-ZIP MARATHON FL 330505 | |

| | |
|-----------------------------------|---------------------------------|
| TITLE PVST | <input type="checkbox"/> Delete |
| NAME ZIMMERMAN ELAINE G | |
| STREET ADDRESS 2110 DOLPHIN | |
| CITY-ST-ZIP MARATHON FL 330505 | |

| | |
|----------------|---------------------------------|
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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|----------------|---------------------------------|
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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| TITLE | <input type="checkbox"/> Delete |
| NAME | |
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| CITY-ST-ZIP | |

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|----------------|---------------------------------|
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |

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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | |

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| 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: ELAINE G. ZIMMERMAN

PVST 04/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)