

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

Page 1 of 2

DOCUMENT # P98000081126

1. Entity Name

ELENC, Inc.

00 SEP 15 AM 11:43

Principal Place of Business

Mailing Address

(same)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2045 Saddle Brooke Dr.
Tallahassee, FL 32303

2. Principal Place of Business

2045 Saddle Brooke Dr

3. Mailing Address (same)

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tallahassee FL

City & State

4. FEI Number

59-3538052

Applied For

Not Applicable

Zip

32303

Country

USA

Zip

Country

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

Lillie Randall Jones
2045 Saddle Brooke Dr.
Tallahassee, FL 32303

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Edward L. Jones
2045 Saddle Brooke Dr
Tallahassee, FL 32303

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000003397980--8
-09/19/00--01037--014
****158.75 ****158.75

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
Lillie R. Jones
2045 Saddle Brooke Dr
Tallahassee, FL 32303

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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: Edward L. Jones

Edward L. Jones

9-15-2000 562-4667

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

ELENC, Inc.

2045 Saddle Brooke Dr.
Tallahassee, FL 32303
850-562-4667

P98000081126

P91C 2012

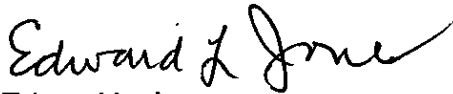
September 15, 2000

Request for Waiver of Late Fee – 2000 Annual Report

Dear Sir/Madam:

The business address changed in the last year, and we never received notice that the 2000 Annual Report was due.

Sincerely,



Edward L. Jones
President