

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000081126

1. Entity Name  
**ELENC, INC.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 MAR 27 PM 3:54

Principal Place of Business  
2045 SADDLE BROOKE DR.  
TALLAHASSEE, FL 32303 US

Mailing Address  
2045 SADDLE BROOKE DR.  
TALLAHASSEE, FL 32303 US



2. Principal Place of Business  
Suite, Apt. #, etc.  
**1940 Saddle Brooke Dr**  
City & State

3. Mailing Address  
Suite, Apt. #, etc.  
**1940 Saddle Brooke Dr**  
City & State

☐ CHECK HERE IF MAKING CHANGES

Zip Country Zip Country

4. FEI Number **59-3538052**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**JONES, LILLIE R**  
**2045 SADDLE BROOKE DR.**  
**TALLAHASSEE, FL 32303**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**1940 Saddle Brooke Dr**  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JONES, EDWARD L 2045 SADDLE BROOKE DR. TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JONES, LILLIE R 2045 SADDLE BROOKE DR. TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1940 Saddle Brooke Dr</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1940 Saddle Brooke Dr</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>300015287823</b> <b>04/03/03--01043--020 **158.75</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Edward P Jones**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-27-03** **850 562-4667**  
Date Daytime Phone #

CR2E034 (10/02)