2002 UNIFORM BUSINESS REPORT (UBR)

FILED Sep 08, 2002 8:00 am Secretary of State

1. Entity Na	JMENT # P9900 IX ELISIR, INC.	0019170	* 2			, , S			1 ry (90130 04	
4	ce of Business STATES PARKWAY FL 32137	Mailing Address 89 ISLAND ESTATES PA PALM COAST FL 32137	RKWAY			87				
2. Principal	Place of Business	3. Malling Address SBUSCAND E				and the same		٠, -		
Suite, Apt	i. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. (59-3581020		-	Applied For Not Applicable	
Zip	Country	Zip	Country		5. (Certificate of Status Desired		8.75 A	dditional	
	6. Name and Address of Current F	Registered Agent			7. 1	tame and Address of New Re				
	KATZ, ESQUIRE		٠ ا	Name					• •	
ATRIUM S	•	Street Addr			s (P.O. Box Number is Not Acceptable)					
	A PARK DRIVE SOUTH				-	<u></u>				
PALM CO	AST-FL-32137	*************************************		City			FI	Zio Co	de	
8. The about	named entity submits this statement for	the purpose of changing its	. registere	d office or regis	tered ag	ent, or both, in the State of Flori		f millar with	, and accept	
SIGNATURE	ins of registered agent.									
SIGNATURE	Signature, typed or printed name of registered agent an	d life if applicable (NOT	E: Registered	Agent signature requ	red when re	instating)	DATE		 :	
_ Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW! After September 13 Make Check Payab	3, 2002 F	ee will be \$75	0.00 tate	10. Election Campaign Finan Trust Fund Contribution.	ncing	\$5.0 Adde	00 May Be d to Fees	
11,	OFFICERS AND D	IRECTORS	12.	·	ADI	DITIONS/CHANGES TO OFFICE	ERS AND [RECTOR	S IN 11	
TITLE NAME STREET ADDRESS	PSTD ROUX, MICHEL 58 ISLAND ESTATES PARKWAY	☐ Delete	TITLE NAME	ADORESS	٠			_ Change	Addition	
CITY-ST-ZIP	PALM COAST FL 32137		CITY-S							
TITLE NAME STREET ADDRESS	D Roux, Kitty 58 Island Estates Parkway	☐ Delate	TITLE NAME STREET	ADORESS				Change	Addition	
City-St-ZIP	PALM COAST FL 32137		CITY-S							
TITLE NAME STREET ADDRESS	D Roux-Max	☐ Delete	TITLE NAME SIREET	ADORESS				Change	Addition	
CITY-ST-ZIP	PALM COAST FL 32137		CITY-S	T-ZIP						
NAME Street address City-St-Zip		□ Delete	TATLE NAME STREET CATY-S	ADDRESS		-] Change	Addition	
TITLE NAME STREET ADDRESS CITY+ST-ZIP		Delete	TITLE . NAME	ADDRESS			C	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delata	CITY-ST				_] Change	Addition	
of the corr	entify that the information supplied with the on this report or supplemental report is to ovarion or the receiver or trustee empower or an attachment with an address, with the supplemental report is supplemental to the supplemental trust of the supplem	ered to execute this report a h all other like empowered.	y signatur ss required	by Chapter 60:	same leç 7. Florida	Jal effect as if made under oath, Statutes; and that my name ap	; that I am a pears in Bl	an officer o ock 11 or	or director Block 12 if	



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

August 28, 2002

DR. ROUX ELISIR, INC. 58 ISLAND ESTATES PARKWAY PALM COAST, FL 32137

Subject: DR. ROUX ELISIR, INC.

Reference Number:

P99000019170

Please be advised, we have received your annual report/uniform business report; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

To be accepted by our bank, a check must be completed in its entirety. Both the numeric and written amounts must be completed.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/jg ANNUAL REPORTS SECTION