UN	IFORM BUSINE	Apr 11, 2003 8:00 am Secretary of State							
DOCUMENT # P99000043955  1. Entity Name ELMO, INC.						tary of 903 90222 003 *			
Principal Plac	e of Business	Mailing Address							
#103		~#103~	•						
NICEVILLE FL	. 32578	NIGEVILLE FL-92579							
2. Principal Place of Business		3. Mailing Address 114 Southlake Count		-		<b>                                   </b>	IIIII IUIUI	OLIGI BULLIBUL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & Stat	e	Niceville	Florida		4. FEI Number 59-3579	259	$\vdash$	plied For t Applicable	]
Zip	Country	32578	Country		5. Certificate of Status Design	~ - Fee		litional d	
	6. Name and Address of Current Re	egistered Agent			7. Name and Address of No	w Registered Ager	nt		1
			Name						Ì
MAYHEW		Street Address (			P.O. Box Number is Not Acceptable)				
114 SOU	THLAKE CT.				<u> </u>	·- <u>-</u>			1
NICEVILL	E FL 32578								
			City			FL	Zip Code	)	ĺ
	named entity submits this statement for t	he purpose of changing its re	egistered office or r	egistere	agent, or both, in the State of	f Florida. I am famil	iar with, a	and accept	Ī.
the obligat	ions of registered agent.								Ĺ
SIGNATURE .									
	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: F	Registered Agent signature	required w	hen reinstating)	DATE			1
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		State			9. Election Campaig Trust Fund Contrib	· –		May Be to Fees	
10.	OFFICERS AND DI	IRECTORS	11.		ADDITIONS/CHANGES TO	OFFICERS AND DIR	ECTORS	IN 11	],
TITLE	D	☐ Delete	TITLE		•		Change	Addition	
NAME	MAYHEW, DENNIS	•	NAME						13
STREET ADDRESS CITY-ST-ZIP	114 SOUTHLAKE CT. NICEVILLE FL 32578		STREET ADDRESS  CITY-ST-ZIP						}
	NICEVILLE PL 32378		<b></b>						1
TITLE NAME		☐ Delete	TITLE NAME			Ц	Change		1
STREET ADDRESS			STREET ADDRESS						ĺ
CITY-ST-ZIP			CITY-ST-ZIP ·						
TITLE		☐ Delete	TITLE		<u> </u>		Change	☐ Addition	ľ
NAME	<del>-</del>		NAME			_		_	
STREET ADDRESS	* **		STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Defete	TITLE				Change	Addition	
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						ļ
TITLE		☐ Delete	TITLE				Change	Addition	
NAME STREET ADORESS			NAME STREET ADDRESS						}
CITY-ST-ZIP			CITY-ST-ZIP						

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

2003 FOR PROFIT CORPORATION

☐ Change

☐ Addition