

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000052175

1. Entity Name

ELASIN, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90060 043 ***150.00

Principal Place of Business

Mailing Address

3538 COZUMEL CIRCLE #201
KISSIMMEE FL 34741

3538 COZUMEL CIRCLE #201
KISSIMMEE FL 34741-2692

2. Principal Place of Business

2444 SWEETWATER BLVD

3. Mailing Address

2444 SWEETWATER BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. CLOUD, FL

City & State

ST. CLOUD, FL

Zip

34772

Country

OSCEDLA

Zip

34772

Country

OSCEDLA

4. FEI Number

22-3365868

Applied For

Not Applicable

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

BROWN, TIMOTHY J

3538 COZUMEL CIRCLE #201
KISSIMMEE FL 34741

Name

BROWN, TIMOTHY J.

Street Address (P.O. Box Number is Not Acceptable)

2444 SWEETWATER BLVD

City

ST. CLOUD,

FL

Zip Code

34772

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
TIMOTHY J. BROWN
2444 SWEETWATER BLVD
ST. CLOUD, FL 34772

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-00

(407) 856-2565

CR2E034 (9/99)