

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90066 011 ***150.00

DOCUMENT # P99000066592

1. Entity Name
ELIXIR, INC.



Principal Place of Business
**340 S.E. 7TH AVENUE
DELRAY BEACH FL 33483**

Mailing Address
**340 S.E. 7TH AVENUE
DELRAY BEACH FL 33483**



2. Principal Place of Business

1880 Dr. Andres Way

3. Mailing Address

Suite, Apt. #, etc.

A003

City & State

Delray Beach

City & State

Zip

33445

Country

USA

Country

4. FEI Number

65-0946667

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SANTUCCI, MIAHAEL I
NATIONS BANK BLDG.
4901 N. FED. HWY., SUITE 440
FT. LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent

Name
Christina M. Lee
Street Address (P.O. Box Number is Not Acceptable)
340 SE 7th Avenue
Delray Beach FL 33445

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 **cmjlee**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1.20.03

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 **D** ☐ Delete
NAME **LEE, CHRISTINA M**
STREET ADDRESS **340 S.E. 7TH AVENUE**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.20.03

Date

561.276.1191

Daytime Phone #

CR2E034 (10/02)