

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000076274

1. Entity Name

ELEANOR L'AMIE, INC.

05-15-2000 90269 010 \*\*\*150.00

P99000076274

FILED

00 SEP 26 PM 3:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
126 SUNFLOWER CIRCLE  
ROYAL PALM BEACH FL 33441

Mailing Address  
126 SUNFLOWER CIRCLE  
ROYAL PALM BEACH FL 33411-8009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

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

PLUMMER, CHRISTOPHER  
126 SUNFLOWER CIRCLE  
ROYAL PALM BEACH FL 33441

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

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	D	<input type="checkbox"/> Delete
NAME	MYLES, JANICE GRACE E	
STREET ADDRESS	6 SOUTH OAK STREET	
CITY-ST-ZIP	SPRING VALLEY NY 10977	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*[Signature]* JANICE GRACE MYLES #1/25/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

126 Sunflower Circle  
Royal Palm Beach, FL 33411

September 17, 2000

Stacy Prather  
Document Specialist  
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Eleanor L'Amie, Inc.  
Ref. Number: P99000076274

Dear Ms. Prather:

In response to your letter dated August 17, 2000, please note that I did not receive your original rejection letter. I hope this clears the matter and retains the above referenced corporation's status. Thank you.

Sincerely,

  
Christopher Plummer  
Registered Agent