

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000104605

1. Entity Name

LUCIUS E. ELWELL, III, P.A.



FILED

09 MAR 27 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

2702 1ST STREET SOUTH
JACKSONVILLE BEACH, FL 32250

Mailing Address

2702 1ST STREET SOUTH
JACKSONVILLE BEACH, FL 32250

2. Principal Place of Business - No P.O. Box #

122 Kelly Street

Suite, Apt. #, etc.

3. Mailing Address

122 Kelly Street

Suite, Apt. #, etc.

City & State

PANAMA CITY BEACH, FL

City & State

PANAMA CITY BEACH, FL

Zip

32413

Country

Zip

32413

Country

4. FEI Number

59-3612153

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ELWELL, LUCIUS E III
2702 1ST STREET SOUTH
JACKSONVILLE BEACH, FL 32250

7. Name and Address of New Registered Agent

Name ELWELL, LUCIUS E. II

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

122 Kelly St.

City PANAMA CITY BEACH

FL

Zip Code

32413

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PDST
NAME ELWELL, LUCIUS III
STREET ADDRESS 2702 1ST STREET SOUTH
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

☐ Delete

TITLE D
NAME ELWELL, BRANDON
STREET ADDRESS 2702 1ST STREET SOUTH
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

300147721203
03/27/09--01032--012 **300.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #