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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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Apr 11, 2003 8:00 am Secretary of State DOCUMENT # P99000104605 04-11-2003 90089 028 ***150.00 1. Entity Name LUCIUS E. ELWELL, III, P.A. Principal Place of Business Mailing Address 127 NORTH ROSCOE BOULEVARD 127 NORTH ROSCOE BOULEVARD PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32082 2. Principal Place of Business 3. Mailing Address 13810 SUMIN PROK DR 13810 SUTTEN Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3612153 Not Applicable Zio Country \$8.75 Additional 5. Certificate of Status Desired 32224 32224 مدی Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ことして でき ELWELL, LUCIUS E III Street Address (P.O. Box Number is Not Acceptable) # 110 127 NORTH ROSCOE BOULEVARD Surrow 13810 PONTE VEDRA BEACH FL 32082 Zip Code 322고나 City جند جن مدرم الانت 8. The above named entity sulfmits this statement for the purpose of changing its registered stice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (IGNATURE ed Agent signa ted name of registered ager) and title if applicable (NOTE: Regis required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/02) TITLE Delete Change ☐ Addition **PSTD** TITLE NAME ELWELL, LUCIUS III NAME # 110 DE N STREET ADDRESS STREET ADDRESS 127 NORTH ROSCOE BOULEVARD CITY-ST-ZIP CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 32224 TITLE Delete TITLE ☐ Addition ☐ Change **VP** NAME NAME EWELL, DEBORAH J STREET ADDRESS STREET ADDRESS 127 N. ROSCOE BLVD. CITY-ST-ZIP CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐1 Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS 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 eath; that I am an officer or director of the corporation or the receiver or trustee amovined to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if