2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V00562



FILED Apr 14, 2003 8:00 am Secretary of State

1. Entity Name THE DAVID & ELLEN COMPANY						04-14-2003 90380 011 ***150.00			
Principal Place of Business Mailing Address 1417 AVERY ROAD 1417 AVERY ROAD # 200 # 200 AMELIA ISLAND FL 32034-5809 AMELIA ISLAND FL 320			VERY ROAD A ISLAND FL 32034-5	4-5809					
	Place of Business	II.	ing Address	DOAD			8 (161 91911 B1911 B1911 B1	DII B5011 8 1011 1061	
1267 GERBING ROAD Suite, Apt. #, etc.			1267 GERBING ROAD Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
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	ISLAND, FL	AME	& State ELIA_ISLAND			4. FEI Number 59-3099015		Applied For Not Applicable	
Zip 32034	Country	I	174	Country		5. Certificate of Status Desired	□ \$8.75 Fee Rec	Additional uired	
32034	NASSAU 6. Name and Address of Curr	ent Registered		NASSAU		7. Name and Address of New Re		`	
****		em negiotore	o riguit	Name	•		<u> </u>		
TOMASSETTI, A. JEFFREY				Street A	Street Address (P.O. Box Number is Not Acceptable)				
	re street _e Ina Beach Fl. 32035		,					,	
CHIAND	THE DESCRIPTION OF STREET			City			FL Zip	Code	
R The above	e named entity'submits this stateme	nt for the nurne	nee of changing its	registered office o	r registered	agent or both in the State of Flor		vith and accept	
	tions of registered agent.	nicion and purpo	soo or onanging no	ogiotoroa omos o	rogiotorou	agoni, or boni, in the orate of the		ranj arra accept	
SIGNATURE .	Signature, typed or printed name of registered a	agent and title if appli	icable. (NOTE	: Registered Agent signa	ure required who	en reinstating)	DATE		
FILE NOW!!!- FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State									
Afte	r May 1, 2003 Fee will be \$550					Election Campaign Finance Trust Fund Contribution		5.00 May Be dded to Fees	
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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: