

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V06374

1. Entity Name
E.L.M. SERVICES, INC.

FILED
Jan 10, 2002 8:00 am
Secretary of State

01-10-2002 90004 037 ***150.00

0181370 AV

Principal Place of Business
2139 UNIVERSITY DRIVE
SUITE 212
CORAL SPRINGS FL 33071

Mailing Address
4613 N UNIVERSITY DR
STE 263
CORAL SPRINGS FL 33071

901215



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4613 University Dr
Suite, Apt. #, etc.
Suite 263

3. Mailing Address

City & State
Coral Springs FL
Zip
33067

City & State

4. FEI Number 65-0319463

Applied For
Not Applicable

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

POLIN, ALAN J
3300 UNIVERSITY DRIVE
STE 601
CORAL SPRINGS FL 33065

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
SANDAK, LARRY N
4613 N UNIVERSITY DRIVE
CORAL SPRINGS FL 33067

☐ Delete

TITLE
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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: Larry N. Sandak DATE: 1/2/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)