

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000088460

1. Entity Name

ELITE HOMES, INC.

Principal Place of Business

55 28TH AVENUE SO.  
JACKSONVILLE BEACH FL 32250

Mailing Address

55 28TH AVENUE SO.  
JACKSONVILLE BEACH FL 32250

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3602400

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

LAMBERTSON, CHRISTOPHER  
55 28TH AVENUE SO.  
JACKSONVILLE BEACH FL 32250

Name

Lambertson, Christopher

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

#77 19th Street

City

Atlantic Beach

FL

Zip Code

32233

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, 2001 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  
PTD  
LAMBERTSON, CHRISTOPHER D  
55 28TH AVENUE SO.  
JACKSONVILLE BEACH FL 32250 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
LAMBERTSON, Christopher D  
#77 19th St.  
Atlantic Beach, FL 32233 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VSD  
OLSON, LINDA B  
25 27TH AVENUE SO.  
JACKSONVILLE BEACH FL 32250 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP  
☐ Delete

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NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

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: Christopher D. Lambertson Christopher D Lambertson 4-14-01 904-241-5251  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
Apr 27, 2001 8:00 am  
Secretary of State

04-27-2001 90384 034 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)