

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90198 028 ***150.00

DOCUMENT # P93000065056

1. Entity Name

ELITE HOMES OF CHATHAM, INC

DO NOT WRITE IN THIS SPACE

909022

2. Principal Place of Business
5260 WEST IRLB BROWSON HWY

3. Mailing Address
5260 WEST IRLB BROWSON HWY

Suite, Apt. #, etc.

STE 115

Suite, Apt. #, etc.

STE 115

DO NOT WRITE IN THIS SPACE

City & State
KISSIMMEE, FL

City & State
KISSIMMEE, FL

4. FEI Number
593199962

Applied For
Not Applicable

Zip
34746

Country
USA

Zip
34746

Country
USA

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
JOHN LANCE

Street Address (P.O. Box Number is Not Acceptable)
5260 WEST IRLB BROWSON HWY

SUITE 115

City
KISSIMMEE

FL

Zip Code
34746

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 JOHN LANCE JOHN LANCE

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

5-1-02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT
JOHN LANCE
1019 OLD BLUSH ROAD
CELEBRATION, FL 34747

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered

SIGNATURE: JOHN LANCE JOHN LANCE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-02

Date

407-397-0850

Daytime Phone #

CR2034B (12/01)