

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90168 032 ***150.00

DOCUMENT # 243248

1. Entity Name
ELSBERRY PARTNERSHIP, INC.



Principal Place of Business
**101 BIG BEND ROAD
RUSKIN FL 33572-1407**

Mailing Address
**101 BIG BEND ROAD
RUSKIN FL 33572-1407**

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 **59-0955797**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ELSBERRY, DONALD L
101 BIG BEND RD
RUSKIN FL 33572**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when 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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ELSBERRY, DONALD L	
STREET ADDRESS	922 BUNKERVIEW DRIVE	
CITY-ST-ZIP	APOLLO BEACH FL 33572	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ELSBERRY, THOMAS L	
STREET ADDRESS	904 ALLERGO LANE	
CITY-ST-ZIP	APOLLO BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ELSBERRY, TERRY	
STREET ADDRESS	2309 CYPRESS WALK WAY	
CITY-ST-ZIP	RUSKIN FL 33570	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ELSBERRY, L G	
STREET ADDRESS	121 24TH AVE SW	
CITY-ST-ZIP	RUSKIN FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ELSBERRY, BRUCE P	
STREET ADDRESS	2316 CYPRESS WALK WAY	
CITY-ST-ZIP	RUSKIN FL 33570	
TITLE	ASTD	<input type="checkbox"/> Delete
NAME	WILLIFORD, LYNDRA KAY	
STREET ADDRESS	101 BIG BEND RD	
CITY-ST-ZIP	RUSKIN FL 33572	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/03

Date

Daytime Phone #

(813) 677-6221

CR2E034 (10/02)