

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90036 010 ***150.00

DOCUMENT # 312949

1. Entity Name
ELSBERRY, INC.

Principal Place of Business

**101 BIG BEND RD
 RUSKIN FLA 33572-1407**

Mailing Address

**101 BIG BEND RD
 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 **59-1155164**

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**ELSBERRY, DONALD L
 101 BIG BEND ROAD
 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.

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, 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

TITLE **PD** ☐ Delete
 NAME **ELSBERRY, DONALD L**
 STREET ADDRESS **5020 TAMiami TR N.**
 CITY-ST-ZIP **RUSKIN, FL 00000**

TITLE **VD** ☐ Delete
 NAME **ELSBERRY, BRUCE**
 STREET ADDRESS **2316 CYPRESS WALK WAAY**
 CITY-ST-ZIP **RUSKIN FL 33570**

TITLE **VD** ☐ Delete
 NAME **ELSBERRY, GLENN**
 STREET ADDRESS **121 24TH AVE SW**
 CITY-ST-ZIP **RUSKIN FL**

TITLE **STD** ☐ Delete
 NAME **ELSBERRY, THOMAS L**
 STREET ADDRESS **904 ALLERGO LANE**
 CITY-ST-ZIP **APOLLO BEACH FL 33572**

TITLE **ASTD** ☐ Delete
 NAME **WILLIFORD, LYNDIA KAY**
 STREET ADDRESS **1482 FAIRVIEW RD**
 CITY-ST-ZIP **ANDREWS NC 28901**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
 NAME **ELSBERRY, Donald L.**
 STREET ADDRESS **922 BUNKER VIEW DRIVE**
 CITY-ST-ZIP **APOLLO BEACH, FL 33572**

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

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

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

TITLE **ASTD** ☒ Change ☐ Addition
 NAME **Williford, Lyndia Kay**
 STREET ADDRESS **101 Big Bend Road**
 CITY-ST-ZIP **RUSKIN, FL 33572**

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

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: *Thomas L. Elsberry*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-02 813-677-6221
 Date Daytime Phone #

CR2E034 (9/01)