

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001002

1. Entity Name

ELITE PROTECTION, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90127 031 ***150.00

Principal Place of Business

411 CEDAR ROAD
CHESAPEAKE VA 23320

Mailing Address

411 CEDAR ROAD
CHESAPEAKE VA 23322-5566

2. Principal Place of Business

21241 SW 94th Ave.

Suite, Apt. #, etc.

3. Mailing Address

21241 SW 94th Ave.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33189

Country

USA

Zip

33189

Country

USA

4. FEI Number

54-1830533

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOLCOMBE, DAVID L
21241 S.W. 94TH AVENUE
MIAMI FL 33189

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, 2000 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 ☐ Delete
NAME PC
STREET ADDRESS HOLCOMBE, DAVID L
CITY-ST-ZIP 21241 S.W. 94TH AVENUE
MIAMI FL 33189

TITLE ☐ Delete
NAME DST
STREET ADDRESS HOLCOMBE, JENNIFER
CITY-ST-ZIP 21241 S.W. 94TH AVENUE
MIAMI FL 33189

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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: Jennifer Holcombe / Jennifer Holcombe 1/20/2000 (305) 971-4992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)