

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H48336

1. Entity Name

ELMORE ENTERPRISES, INC.

APPROVED
AND
FILED

00 JUL 18 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

Principal Place of Business

5100 US 98 BORTH
SUITE 1
LAKELAND FL 33809
US

Mailing Address

1130 NORTH LAKE PARKER AVENUE
SUITE A307
LAKELAND FL 33805

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2504804

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHMELZER, JAMES E.
1130 NORTH LAKE PARKER AVENUE, #A307
LAKELAND FL 33805

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 DP
NAME SCHMELZER, JAMES E.
STREET ADDRESS 1130 N LK PARKER AV A307
CITY-ST-ZIP LAKELAND FL ☐ Delete

TITLE DST
NAME SCHMELZER, CHRISTINE
STREET ADDRESS 1130 N LK PARKER AV A307
CITY-ST-ZIP LAKELAND FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

JAMES E. SCHMELZER

7-12-00

863 6824440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

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TO: STATE OF FLORIDA
DIVISION OF CORPORATIONS

7-12-2000

FROM: JAMES E. SCHMELZER
PRESIDENT
ELMORE ENTERPRISES, INC. EIN # 59-2504804
5100 US 98 NORTH SUITE 1
LAKELAND, FLA. 33809

RE: YEAR 2000 UNIFORM BUSINESS REPORT LATE FILING.

TO WHOM IT MAY CONCERN,
I AM SENDING THIS LETTER TO YOU TO ASK THAT MY COMPANY BE
FORGIVEN OF LATE FILING CHARGES ON THIS FORM FOR THIS YEAR.
I WAS NOT AWARE THAT THIS FORM WAS ORIGINALLY DUE ON MAY 1 OF
EACH YEAR. MY WIFE, CHRISTINE SCHMELZER, PASSED AWAY ON JANUARY
22, 2000. SHE HANDLED ALL OF THE PAPERWORK FOR THIS COMAPNY.
I HAVE NOW HIRED AN ACCOUNTANT TO ASSIST ME WITH THE NECESSARY
FILINGS AND TO HELP ME GET CAUGHT UP WITH ALL PAST DUE FILINGS.
I AM ENCLOSING THE ORIGINAL FEE OF \$150.00.
PLEASE REVIEW THIS INFORMATION AND ABATE THE LATE FILING CHARGES.
ALSO NOTIFY ME OF YOUR DECISION ON THIS MATTER.

SINCERELY,


