2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

J52381 **DOCUMENT #**

DENNIS MCELROY ENTERPRISES, INC.



FILED Mar 26, 2003 8:00 am Secretary of State

03-26-2003 90186 046 ***150.00

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Principal Place 1212 S. PINE FROSTPROOF		1212	ng Address S. PINE AVE. STPROOF FL 33843	0				
2. Principal Place of Business		3. Ma	3. Mailing Address					Dibil dibil Iddi
Suite, Apt	#, etc.	Sui	Suite, Apt. #, etc.			☐ CHECK HERE IF M	MAKING CHANGE	S
City & State		City	City & State			FEI Number 59-2758642 Applied For Not Applicable		
Zip	Country	Zip		Country	5.	Certificate of Status Desired	\$8.75 A	dditional
	6. Name and Address o	f Current Register	ed Agent	<u>'</u>	7.	Name and Address of New Regis	stered Agent	
	المحمولين المجادات					ران المان ا		
MCELROY, L. DENNIS								
1212 S. PINE AVE.			Street Addres		fress (P.O. I	(P.O. Box Number is Not Acceptable)		
	OOF FL 33843							
FROSIFA	100F 1 L 33043							!
	•			City			FL Zip Co	de
# The above	a named entity submits this str	stement for the nur	oce of changing its	registered office or re	onistored a	gent, or both, in the State of Florida		and accept
	itions of registered agent.	atement for the part	DOSE OF CHAINGING IN	registered office of it	agiatorea a	gent, or both, in the state or honda	. Tarriamina witi	i, and accept
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SIGNATURE	Signature, typed or printed name of reg		-11	E: Registered Agent signature			DATE	
<u>;</u>	Signature, typed or printed harne or reg	istereo agent and the it ap	plicable. (NO)	c. registered Agent signature	required when	Tourstand)	DATE	· · · · · · · · · · · · · · · · · · ·
	FILE NOW!!! FEE IS \$15 or May 1, 2003 Fee will be					9. Election Campaign Finance	ing _ \$5.	00 May Be
	k Payable to Florida Depar					Trust Fund Contribution.	∐ Adde	ed to Fees
10.		ERS AND DIRECTO		11.	. A	L DDITIONS/CHANGES TO OFFICER	29 AND DIRECTO	RS IN 11
TITLE	IDP .	ENS AND DIRECTO	Delete ·	TITLE		BDITIONS/CHANGES TO OFFICE	Change	
NAME	MCELROY, L. DENNIS		L. Delete	NAME				
STREET ADDRESS	1212 SO PINE AVE			STREET ADDRESS				
CITY-ST-ZIP	FROSTPROOF FL			CITY-ST-ZIP				i
	T						Change	☐ Addition
TITLE NAME	MCELROY, LENORA C.		☐ Delete	TITLE NAME			Change	☐ Addition
STREET ADDRESS	1212 SO PINE AVE			STREET ADDRESS				
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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 apidress, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP