

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002912

1. Entity Name

Elite Webhosting, L.L.C.

Principal Place of Business

Mailing Address

820 E State Road
Ste 160
Longwood FL 32750

820 E State Road
Ste 160
Longwood FL 32750

2. Principal Place of Business

3. Mailing Address

118 W Orange St
Suite, Apt. #, etc.

118 W Orange St
Suite, Apt. #, etc.

City & State

Altamonte Spring FL

City & State

Altamonte Springs FL

4. FEI Number

59-3632007

Applied For

Not Applicable

Zip

32714

Country

USA

Zip

32714

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Pugh, Brad
820 E State Rd
Ste 160
Longwood FL 32750

Name Augustino Mireles
Street Address (P.O. Box Number is Not Acceptable)
118 W Orange St
City Altamonte Springs FL Zip Code 32714

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 Augustino Mireles

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE President
NAME Augustino Mireles
STREET ADDRESS 118 W Orange St
CITY-ST-ZIP Altamonte Springs, FL 32714

TITLE
NAME
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CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Augustino Mireles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/27/01

FILED

01 MAY 11 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE