

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92176 001 ****50.00

DOCUMENT # L02000009194

1. Entity Name

ELITE MORTGAGE FINANCING, LLC



Principal Place of Business

Mailing Address

~~235 SOUTH MAITLAND AVE., STE. 216~~
~~MAITLAND FL 32751~~

~~235 SOUTH MAITLAND AVE., STE. 216~~
~~MAITLAND FL 32751~~

2. Principal Place of Business

3. Mailing Address

1053 Maitland Center Commons Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

City & State

Maitland FL

City & State

same

Zip

32751

Country

USA

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

74-3041520

Applied For

Not Applicable

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

WALKER, BERRY J JR ESQ

WALKER & TUDHOPE, P.A.

~~235 MAITLAND AVE. SOUTH, STE. 216~~

~~MAITLAND FL 32751~~

Name

Street Address (P.O. Box Number is Not Acceptable)

1053 Maitland Center Commons Blvd.

Suite 200

City

Maitland, FL

FL

Zip Code

32751

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME KNIGHT, J. MICHELLE ☐ Delete
STREET ADDRESS ~~4117 FAIRVIEW VISTA POINT, UNIT 304~~
CITY-ST-ZIP ~~ORLANDO FL 32804~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1053 Maitland Center Commons Blvd.
CITY-ST-ZIP Ste. 200, Maitland, FL 32751

TITLE MGR
NAME WALKER, BERRY J JR. ☐ Delete
STREET ADDRESS ~~235 SOUTH MAITLAND AVE., STE. 216~~
CITY-ST-ZIP ~~MAITLAND FL 32751~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1053 Maitland Center Commons Blvd
CITY-ST-ZIP Suite 200 Maitland, FL 32751

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

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

[Signature]
SIGNATURE REQUIRED

4/29/03 402-478-1846
Date Daytime Phone #

CR2E083 (10/02)