

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000035

1. Entity Name

ELITE FINISHING & FULFILLMENT, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 19 PM 1:25

Principal Place of Business

1550-2 HENDRICKS AVENUE
JACKSONVILLE FL 32207

Mailing Address

8031 PHILIPS HIGHWAY, SUITE 8
JACKSONVILLE FL 32207

2. Principal Place of Business

9446 Philips Hwy.

Suite, Apt. #, etc.

Suite #6

City & State
Jacksonville, FL

Zip
32256

Country
USA

3. Mailing Address

9446 Philips Hwy

Suite, Apt. #, etc.

Suite #6

City & State
Jacksonville, FL

Zip
32256

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3547510 APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LINDELL, J. MICHAEL

233 E. BAY STREET, SUITE 620

JACKSONVILLE FL 32202

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

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

700003334827--0
-07/25/00--01044--005
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
MGRM
MCGUGAN, LISA E
STREET ADDRESS
1550-2 HENDRICKS AVENUE
CITY-ST-ZIP
JACKSONVILLE FL 32207

TITLE
NAME
MGRM
QUALITY RESPONSE SERVICES, INC.
STREET ADDRESS
8031 PHILIPS HIGHWAY, SUITE 8
CITY-ST-ZIP
JACKSONVILLE FL 32256

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME
(MGRM)
Bowden, LISA M.
STREET ADDRESS
9446 Philips Hwy. Ste. 6
CITY-ST-ZIP
Jacksonville, FL 32256

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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:

LISA M. BOWDEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

7/12/00

Date

(904) 260-8200

Daytime Phone #

CR2E083 (5/00)