

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L990000000035

1. Entity Name

ELITE FINISHING & FULFILLMENT, L.C.

FILED

01 JAN 24 AM 11:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

9446 PHILIPS HWY., STE. 6  
JACKSONVILLE FL 32256

Mailing Address

9446 PHILIPS HWY., STE. 6  
JACKSONVILLE FL 32256

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3547510

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

9. MANAGING MEMBERS / MEMBERS

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

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

TITLE NAME MGRM BOWDEN, LISA M ☒ Delete  
STREET ADDRESS 9446 PHILIPS HWY., STE. 6  
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 300003575693--8  
CITY-ST-ZIP -01/26/01--01012--016  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

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

TITLE NAME ☐ Change ☐ Addition  
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:

Douglas L. Pullen Douglas L. Pullen 01-17-01 904/443-7752

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

Date

Daytime Phone #

CR2E083 (11/00)