

# 2001 UNIFORM BUSINESS REPORT (UBR)

1/

**FILED**  
**Mar 09, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90043 006 \*\*\*150.00

**DOCUMENT # P00000007422**

1. Entity Name

**ELMER R. MALLASEE, INC.**



Principal Place of Business

**4725 GOPHER ST.  
MIDDLEBURG FL 32068**

Mailing Address

**4725 GOPHER ST.  
MIDDLEBURG FL 32068**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-3621087**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MALLASEE, ELMER R  
4725 GOPHER ST.  
MIDDLEBURG FL 32068**

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

*Elmer R Mallasee*

**ELMER R MALLASEE**

**JANUARY 17, 2001**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)



**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE: **PRESIDENT** ☐ Delete  
NAME: **ELMER REGIS MALLASEE**  
STREET ADDRESS: **4725 GOPHER STREET**  
CITY-ST-ZIP: **MIDDLEBURG, FL. 32068** ☐ Delete

TITLE: **SECRETARY/TREASURER** ☐ Delete  
NAME: **DEBORAH ANN MALLASEE**  
STREET ADDRESS: **4725 GOPHER STREET**  
CITY-ST-ZIP: **MIDDLEBURG, FL. 32068** ☐ Delete

TITLE: **SECRETARY/TREASURER** ☐ Delete  
NAME: **DEBORAH ANN MALLASEE**  
STREET ADDRESS: **4725 GOPHER STREET**  
CITY-ST-ZIP: **MIDDLEBURG, FL. 32068** ☐ Delete

TITLE: **SECRETARY/TREASURER** ☐ Delete  
NAME: **DEBORAH ANN MALLASEE**  
STREET ADDRESS: **4725 GOPHER STREET**  
CITY-ST-ZIP: **MIDDLEBURG, FL. 32068** ☐ Delete

TITLE: **SECRETARY/TREASURER** ☐ Delete  
NAME: **DEBORAH ANN MALLASEE**  
STREET ADDRESS: **4725 GOPHER STREET**  
CITY-ST-ZIP: **MIDDLEBURG, FL. 32068** ☐ Delete

TITLE: **SECRETARY/TREASURER** ☐ Delete  
NAME: **DEBORAH ANN MALLASEE**  
STREET ADDRESS: **4725 GOPHER STREET**  
CITY-ST-ZIP: **MIDDLEBURG, FL. 32068** ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP: ☐ Change ☐ Addition

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

13. 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 807, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**904-291-2138**

SIGNATURE:

*Elmer R Mallasee*

**ELMER R MALLASEE**

**JANUARY 17, 2001**

**904-291-2138**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone Number

CR2034 (10/00)