2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

P00000067878 DOCUMENT #

1. Entity Name

ELITE GENERAL CONTRACTOR & REMODELING, INC.



Secretary of State 03-31-2003 90111 043 ***150.00

FILED Mar 31, 2003 8:00 am

Principal Place of Business Mailing Address 407 COMMERCE WAY STE 3A 407 COMMERCE WAY STE 3A JUPITER FL 33458 JUPITER FL 33458 2. Principal Place of Business 3. Mailing Address 3147 Junier Park Cir Steth 3147 Judier Parti Circle Suite, Apt. #, etc Suite, Apt. #, etc M CHECK HERE IF MAKING CHANGES Ste #2 City & State City & State 4. FEI Number Applied For 65-1039996 Not Applicable JUDIE Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33458 334**5**8 Fee Required 6. Name and Address of Current Registered Agent =7.-Name and Address of New Registered Agent Name ANDERSON, TIMOTHY K ESQ. Street Address (P.O. Box Number is Not Acceptable) **631 US HWY ONE STE 404** NORTH PALM BEACH FL 33408 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change Addition James TUFO, JAMES J NAME NAME **407 COMMERCE WAY STE 3A** Parti Circlesuie # 2 STREET ADDRESS STREET ADDRESS JOHANZ JUPITER FL 33458 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete 🖚 🖘 TITLE Change 🔁 Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 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 stee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if indicated on this report or supple of the corporation or the receive dress, with all other like