Secretary of State

05-03-2001 90086 046 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000068133

RICHARD DRAFFEN ELLIOTT ENTERPRISES, INC.

Principal Place of Business
2225 47TH TERRACE
VERO REACH EL 32966

Mailing Address 2225 47TH TERRACE VERO BEACH FL 32966 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-1015955 Not Applicable Country Zip Country \$8.75 Additional .5. Certificate of Status Desired ____. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **ELLIOTT, RICHARD** Street Address (P.O. Box Number is Not Acceptable) 2225 47TH TERRACE VERO BEACH FL 32966 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11, CR2E034 (10/00) President ☐ Addition Change ☐ Delete TITLE TITLE Richard D. Ellio IT NAME NAME 2225 47Th Terrace Very Beach 156 32966 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Vice Pres V/T/5 ☐ Change TITLE ☐ Delete TITLE Gene D. Ross II NAME NAME 3535 42 Lane 5.00. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete □ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 607, 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.

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