

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000072948**

1. Entity Name

ELITE EXECUTIVE SERVICES, INC.

(LA)

FILED
Jun 19, 2001 8:00 am
Secretary of State

05-02-2001 90166 013 ***150.00

Principal Place of Business
6209 FAIRLAWN DR
ORLANDO FL 32809Mailing Address
6209 FAIRLAWN DR
ORLANDO FL 32809

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

59-3721345

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENDERSON, BENITA
6209 FAIRLAWN DR
ORLANDO FL 32809

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

Benita Henderson

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME HENDERSON, BENITA
STREET ADDRESS 6209 FAIRLAWN DR
CITY-ST-ZIP ORLANDO FL 32809TITLE VD ☐ Delete
NAME HENDERSON, MICHAEL
STREET ADDRESS 6209 FAIRLAWN DR
CITY-ST-ZIP ORLANDO FL 32809TITLE SD ☐ Delete
NAME BRADLEY, LAREVIA
STREET ADDRESS 6209 FAIRLAWN DR
CITY-ST-ZIP ORLANDO FL 32809TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
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.

SIGNATURE:

Benita Henderson Benita Henderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-351-6053

CR2E034 (10/00)