

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90480 044 ***150.00

DOCUMENT # P00000072948

1. Entity Name

ELITE EXECUTIVE SERVICES, INC.

Principal Place of Business

**6209 FAIRLAWN DR
 ORLANDO FL 32809**

Mailing Address

**6209 FAIRLAWN DR
 ORLANDO FL 32809**

80115637



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**16630 N. Orange Blvd
 Suite A, etc.**

3. Mailing Address

**5304 Long Rd
 Suite A, etc.**

City & State

Orlando, Florida

City & State

Orlando, Florida

4. FEI Number

59-3721345

Applied For

Not Applicable

Zip

32810

Country

USA

Zip

32808

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HENDERSON, BENITA
 6209 FAIRLAWN DR
 ORLANDO FL 32809**

7. Name and Address of New Registered Agent

Name **Benita Henderson**
 Street Address (P.O. Box Number is Not Acceptable) **5304 Long Road, C**
 City **Orlando** FL Zip Code **32808**

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/26/02

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HENDERSON, BENITA 6209 FAIRLAWN DR ORLANDO FL 32809	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Benita Henderson 5304 Long Road Orlando, FL 32808	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HENDERSON, MICHAEL 6209 FAIRLAWN DR ORLANDO FL 32809	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Michael Henderson Sr. 5304 Long Road, C Orlando, FL 32808	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRADLEY, LAREVIA 6209 FAIRLAWN DR ORLANDO FL 32809	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Larevia Bradley 5304 Long Road C Orlando, FL 32808	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 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

4/26/02

Date

321-277-0792

Daytime Phone #

CR2E034 (9/01)