


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

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90259 044 \*\*\*150.00

DOCUMENT # *P00000077492*

1. Entity Name  
*Elite Flooring Inc.*



**DO NOT WRITE IN THIS SPACE**

**24053154**

2. Principal Place of Business  
*Home 4653 PINE GROVE DR. DELRG BCH FL. 33445*

3. Mailing Address  
*PO BOX 7554 DELRG BCH FL. 33482*

DO NOT WRITE IN THIS SPACE

4. FEL Number  
*65-1034184*

Applied For  
☒ Not Applicable

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

7. Name and Address of Current Registered Agent

Name  
*WILFRADO DEJESUS*

Street Address (P.O. Box Number is Not Acceptable)  
*4653 PINE GROVE DR.*

City  
*DELRG BCH FL.*

City  
*FL*

Zip Code  
*33445*

**DO NOT WRITE  
IN THIS SPACE**

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 *Wilfredo DeJesus* DATE *4-1-04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Owner WILFRADO DEJESUS JR. 4653 PINE GROVE DR. DELRG BCH FL. 33445.</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Wilfredo DeJesus* DATE *4-1-04* 561-350-3076

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)