

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91287 033 ***150.00

DOCUMENT # P00000115275

1. Entity Name
ELLISON GROUP HOME, INC.

Principal Place of Business

423 WILLDUKE ROAD
WAUCHULA FL 33873

Mailing Address

238 LAKE THOMAS DRIVE
WINTER HAVEN FL 33880

00115710



2. Principal Place of Business

1949 8th St SE

Suite, Apt., #, etc.

3. Mailing Address

1949 8th St SE

Suite, Apt., #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Winter Haven Fla

Zip 33880

Country Polk

City & State

Winter Haven Fla

Zip 33880

Country Polk

4. FEI Number

65-3686910

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAMADAN, KHALWA
4115 THACKERY WAY
PLANT CITY FL 33567

7. Name and Address of New Registered Agent

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

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, 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

TITLE **D** ☐ Delete
NAME **ELLISON, BELINDA**
STREET ADDRESS **238 LAKE THOMAS DRIVE**
CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE **D** ☐ Delete
NAME **RAMADAN, KHALWA**
STREET ADDRESS **POST OFFICE BOX 4015**
CITY-ST-ZIP **PLANT CITY FL 33564**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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:

Belinda Ellison Belinda Ellison

4-28-02

291 3910

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)