## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED May 14, 2002 8:00 am Secretary of State DOCUMENT # P01000003537 1. Entity Name ELLIOTT BUILDERS, INC. 05-14-2002 90016 031 \*\*\*150.00 Principal Place of Business Mailing Address 500 NE 61ST ST 500 NE 61ST ST FT LAUDERDALE FL 33334 FT LAUDERDALE FL 33334 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 58-2617194 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **ELLIOTT, DONNIE** Street Address (P.O. Box Number is Not Acceptable) **500 NE 61ST ST** FT LAUDERDALE FL 33334 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 7171.5 President ☐ Delete TITLE NAME DON J. ELLiott NAME STREET ADDRESS 500 NE GIST STreet STREET ADDRESS City-St-7IP CITY-ST-ZIP Ft. LAND. FLA 33334 TITLE Delete Vice-President ☐ Change ☐ Addition NAME NAME Jeff L. ELLiott STREET ADDRESS STREET ADDRESS 5229 Whitewing Drive CITY-ST-ZIP CITY-ST-ZIP Richmont, TX Delete TITLE ☐ Change Secretary anna Lee Elliott Addition NAME STREET ADDRESS STREET ADDRESS 500 NE GIST Street CITY-ST-ZIP CITY-ST-ZIP Ft. Laud., FLA 33334 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME

13. Thereby 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

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

L. Elliott 4-23-02 (281) 342-4621

(9/01)