


# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 001000036352	
1. Entity Name Tallahassee Elite, Inc.	

FILED

03 JAN 30 AM 9:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 2860 Industrial Plaza Dr. Suite, Apt. #, etc.		3. Mailing Address P. O. Box 3298 Suite, Apt. #, etc.	
City & State Tallahassee, FL		City & State Tallahassee, FL	
Zip 32301	Country USA	Zip 32315	Country USA

**REINSTATEMENT**

02-03

4. FEI Number 59-3714074		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent		
Name Robert R. McDonald		
Street Address (P.O. Box Number is Not Acceptable) 101 East College Avenue		
City Tallahassee	FL	Zip Code 32301

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

*Robert R. McDonald*

(NOTE: Registered Agent signature required when reinstating)

1-29-2003

DATE

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 D/P NAME STREET ADDRESS CITY-ST-ZIP	Ash Mason 328 Hayden Road Tallahassee, Florida 32304	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000012237590 02/11/03--01003--019 **900.00
TITLE D/V/T/S NAME STREET ADDRESS CITY-ST-ZIP	Louis B. Freeman III 2860 Industrial Plaza Tallahassee, FL 32301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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:

*Louis B. Freeman III*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/03 850-877-5807  
Date Daytime Phone #

CR2E034B (12/02)

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