

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90106 015 ***150.00

DOCUMENT # P01000061328

1. Entity Name
ELITE TREES, INC.

Principal Place of Business

4365 S PINE AVENUE
OCALA FL 34480

Mailing Address

4365 S PINE AVENUE
OCALA FL 34480

80112134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3711518

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CHAUNCEY, CONNIE S
12511 NE 25TH AVE
SPARR FL 32617

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 ☐ Delete
NAME **D**
CHAUNCEY, CONNIE S
STREET ADDRESS **12511 NE 25TH AVE**
CITY-ST-ZIP **SPARR FL 32617**

TITLE ☐ Delete
NAME **D**
MARTIN, CHRISTOPHER D
STREET ADDRESS **701 SW 62ND BLVD, APT 129**
CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Secretary** ☒ Change ☐ Addition
NAME **Martin Christopher D.**
STREET ADDRESS **2204 SE Lake Weir Rd**
CITY-ST-ZIP **Ocala FL 34471**

TITLE **Vice President** ☐ Change ☒ Addition
NAME **Burnside, Kent**
STREET ADDRESS **7322 52nd Dr E**
CITY-ST-ZIP **Bradenton FL 34203**

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Martin, Walter D.**
STREET ADDRESS **1800 SE 85th St. Rd.**
CITY-ST-ZIP **Ocala, FL 34480**

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

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:

Connie S. Chauncey, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-02

Date

352-629-9351

Daytime Phone #

CR2E034 (9/01)