

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

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90284 020 \*\*\*158.75

DOCUMENT # **P03000107521**

1. Entity Name

**DUPREE'S ELITE SERVICES, INC**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

**P.O. 771702**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**ORLANDO FL**

4. FEI Number

**65-1209504**

Applied For

Not Applicable

Zip

Country

Zip

**32877**

Country

**U.S.A.**

5. Certificate of Status Desired

☒

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **OLIVE DUPREE**

Street Address (P.O. Box Number is Not Acceptable)

**13233 MALLARD COVE BV**

City **ORLANDO**

**FL**

Zip Code

**32837**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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	<b>P</b>
NAME	<b>OLIVE DUPREE</b>
STREET ADDRESS	<b>13233 MALLARD COVE BV</b>
CITY-ST-ZIP	<b>ORLANDO FL 32837</b>
TITLE	<b>V</b>
NAME	<b>OLIVE DUPREE</b>
STREET ADDRESS	<b>13233 MALLARD COVE BV</b>
CITY-ST-ZIP	<b>ORLANDO FL 32837</b>
TITLE	<b>T</b>
NAME	<b>RAVEN DUPREE</b>
STREET ADDRESS	<b>1705 W CALL</b>
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32304</b>
TITLE	<b>S</b>
NAME	<b>RAVEN DUPREE</b>
STREET ADDRESS	<b>1705 W CALL STREET</b>
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32304</b>
TITLE	
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CITY-ST-ZIP	

**DO NOT WRITE  
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 another like empowered.

SIGNATURE: **OLIVE DUPREE**  
**OLIVE DUPREE**

**4-24-04**

Date

Daytime Phone #

**407-701-7171**

CR2E034B (12/02)