

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90009 001 ***150.00

DOCUMENT # P93000036060

1. Entity Name

ELKINS INVESTMENTS, INC.

Principal Place of Business

Mailing Address

24 HICKORY LN.
 SAFETY HARBOR FL 34695

24 HICKORY LN.
 SAFETY HARBOR FL 26554-7975

2. Principal Place of Business

15009 N. Dale Mabry
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 271689
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-3183397

Applied For

Not Applicable

Zip

33618

Country

Zip

33618

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ELKINS, RUSSELL M
 24 HICKORY LN.
 SAFETY HARBOR FL 34695

7. Name and Address of New Registered Agent

Name

ELKINS, Russell M

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

15009 N. Dale Mabry

City

Tampa, FL

FL

Zip Code

33618

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

Russell M ELKINS

Russell M ELKINS

1/12/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☐ Delete
NAME	ELKINS, RUSSELL M	
STREET ADDRESS	24 HICKORY LN.	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	S	☒ Delete
NAME	ELKINS, MARK K	
STREET ADDRESS	24 HICKORY LN.	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	T	☐ Delete
NAME	ELKINS, ANN	
STREET ADDRESS	24 HICKORY LN.	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
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	P	☒ Change ☐ Addition
NAME	ELKINS, Russell M	
STREET ADDRESS	15009 N. Dale Mabry	
CITY-ST-ZIP	Tampa, FL 33618	
TITLE	S	☒ Change ☐ Addition
NAME	ELKINS, ANN	
STREET ADDRESS	15009 N. Dale Mabry	
CITY-ST-ZIP	Tampa, FL 33618	
TITLE	T	☒ Change ☐ Addition
NAME	ELKINS, ANN	
STREET ADDRESS	15009 N. Dale Mabry	
CITY-ST-ZIP	Tampa, FL 33618	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Russell M. ELKINS

1/12/00

(304) 284-9522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)