2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
05-06-2002 90246 027 ***158.75

DOCUMENT # P93000036060

1. Entity Name
ELKINS INVESTMENTS, INC.

Principal Place of Business	Mailing Address
12215 N FLORIDA TAMPA FL 33612 US	P O BOX 17180 TAMPA FL 33682 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
330 Dcmain AVE	P.O. Box 5035
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Morgantown, WV	City & State: Fairmont, WV
Zip: 26505 Country: Monongalia	Zip: 26555 Country: Marion

4. FEI Number 59-3183397 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ELKINS, RUSSELL M 12215 N FLORIDA TAMPA FL 33612	Name: Jorge Gutierrez Street Address (P.O. Box Number is Not Acceptable): 29443 Sea Dahlia Pass City: Weslley Chapel FL Zip Code 33543

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 Jorge Gutierrez 4/23/02
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ELKINS, RUSSELL M 12215 N FLORIDA TAMPA FL 33612 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President ELKINS, Russell M 2048 Canterbury Dr Morgantown, WV 26505 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ERLKINS, ANN 12215 N FLORIDA TAMPA FL 33612 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ELKINS, Alyce, A. 24 San Rafael Santa Fe NM 87506 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

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 REQUIRED 4/21/02 (304) 625-4947
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #