

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90083 026 ***150.00

DOCUMENT # P94000076254

1. Entity Name
THE ELMES GROUP, INC.

Principal Place of Business
**801 SEABREEZE BLVD
 FT LAUERDALE FL 33316**

Mailing Address
**801 SEABREEZE BLVD
 FT LAUERDALE FL 33316**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0529517**

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**ELMES, TRISTINA
 801 SEABREEZE BLVD
 FT LAUERDALE FL 33316**

7. Name and Address of New Registered Agent

Name **Tim Elmes**
 Street Address (P.O. Box Number is Not Acceptable)
801 Seabreeze Blvd
 City **Fort Lauderdale FL** Zip Code **33316**

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 **Tim Elmes, P.T.S.** DATE **4/30/01**

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, 2001 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 **PTS** ☒ Delete
 NAME **CHURCH, JUDITH**
 STREET ADDRESS **801 SEABREEZE BLVD**
 CITY-ST-ZIP **FT LAUERDALE FL**

TITLE **P.T.S.** ☒ Change ☐ Addition
 NAME **Tim Elmes**
 STREET ADDRESS **801 Seabreeze Blvd**
 CITY-ST-ZIP **Fort Lauderdale, FL 33316**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tim Elmes, P.T.S. DATE **4/30/01**

Date

Daytime Phone #

CR2E034 (10/00)