

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 04, 2002 8:00 am**  
**Secretary of State**

03-04-2002 90008 020 \*\*\*150.00

**DOCUMENT # P94000076692**

1. Entity Name  
**RS ELMORE ENTERPRISES, INC.**

Principal Place of Business <b>3177 PRIDES CROSSING          TARPON SPGS FL 34689</b>	Mailing Address <b>3177 PRIDES CROSSING          TARPON SPGS FL 34689</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **59-3275861**      Applied For  
 Not Applicable

Zip <b>34688</b> Country	Zip <b>34688</b> Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**ELMORE, SHIRLEY A.  
 3177 PRIDES CROSSING  
 TARPON SPGS FL 34689**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL**      Zip Code **34688**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS      12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ELMORE, ROBERT</b> <b>3177 PRIDES CROSSINGS</b> <b>TARPON SPGS FL 34687</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Robert P. Elmore*      **Robert P. Elmore Pres**      Date: **2/14/02**      Daytime Phone #: **(727) 9860076**

CR2E034 (9/01)