

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90158 039 ***150.00

DOCUMENT # P94000083330

1. Entity Name
ELITE EMPLOYER SERVICES, INC.

Principal Place of Business
**7560 COMMERCE COURT
 SARASOTA FL 34243**

Mailing Address
**7560 COMMERCE COURT
 SARASOTA FL 34243**



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 **65-0560166**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**HERRIG, STEVEN F
 7150 RUSTIC ACRES
 SARASOTA FL 34241**

Name

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

City

FL

Zip Code

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 _____
 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 **P** ☐ Delete
 NAME **HARTING, DENNIS**
 STREET ADDRESS **7222 SOUTH TAMiami TRAIL, #105**
 CITY-ST-ZIP **SARASOTA FL 34231**

TITLE ☒ Change ☐ Addition
 NAME **7560 Commerce Court**
 STREET ADDRESS **Sarasota FL 34243**
 CITY-ST-ZIP

TITLE **T** ☐ Delete
 NAME **HERRIG, STEVE**
 STREET ADDRESS **7222 SOUTH TAMiami TRAIL, #105**
 CITY-ST-ZIP **SARASOTA FL 34231**

TITLE ☒ Change ☐ Addition
 NAME **7560 Commerce Court**
 STREET ADDRESS **Sarasota FL 34243**
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 NAME
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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/21/02
941-925-2990

CR2E034 (9/01)