## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

Principal Place of Business

P95000003249

Mailing Address

1. Entity Name

CITY-ST-ZIP

THE ELIZABETH GROUP, INC.



FILED Apr 17, 2003 8:00 am Secretary of State

04-17-2003 90175 048 \*\*\*150.00

2. Principal Pace of Business 3. Mailing Address   Suto, Apt. 4. otc.   Sutin, Apt. 4. otc.   Check HeRE :F MAKING CHANGES   City & State   City & State   City & State   A. FEI Number 59-3341053   Applied for Interval Country   A. Control Country   A. Control Country   Se. 75- Additional From Required Report   For Required Report   For Required Report   For Required Report   For Report   For Required Report   For Report   For Required Report   For Report	60 KINGSLEY CIRCLE ORMOND BEACH FL 32174			60 KINGSLEY CIRCLE ORMOND BEACH FL 32174									
City & State  Ci	2. Principal Place of Business			3. Mailing Address					<b>.</b>				
S. Name and Address of Current Registered Agent  S. Name and Address of Current Registered Agent  S. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address of Registered Agent are list in a gratement for the purpose of changing its registered dilice or registered agent, or both, in the State of Florida. I am familiar with, and accept the chigator of registered agent are list if applicable.  FILE NOW!!! FE IS \$150.00  After May 1, 2005 Fee will be \$550.00  Make Check Payable to Florida Department of State  GRIBBLE, WILLIAM E  So KINGSLEY CIRCLE  ORNOND BEACH FL 32174  Delete  TILE  ORNOND BEACH FL 32174  TILE  ORNOND BEACH FL 32174  Delete  TILE  ORNOND BEACH FL 32174  Delete  TILE  ORNOND BEACH FL 32174  TILE  ORNOND BEACH FL 32174  Delete  TILE  ORNOND BEACH FL 32174  Delete  TILE  ORNOND BEACH FL 32174  TILE  ORNOND BEACH FL 32174  Delete  TILE  ORNOND BEACH FL 32174  TILE  ORNON	Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 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 Fiorida. I am familiar with, and accept the obligations of registered agent;  SIGNATURE  FILE NOW!!! FE IS \$150.00 7. After May 1, 2003 Fee will be \$580.00 Make Check Physioly to Finds Department of State 10. OPFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  OPFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  OR KIRBLE, WILLIAM E  OR KINGSLEY CIRCLE  ORNOND BEACH FL 32174  ORNOND B	City & State			City & State			4.	4. FEI Number 59-3341053			_ <del></del>	<del></del>	}
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GRIBBLE, WILLIAM E 60 KINGSLEY CIRCLE ORMOND BEACH FL 32174   8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and tier if applicable.    City   FL   Zip Code	6. Name and Address of Current Registered Agent						7.	Name and Address	of New Regist	ered Ag	ent		]
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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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signulus, hyperd or private many of registered agent and toe if applicable. (NOTE Registered Agent algorature required when reintalizing)  FILE NOW!!! FEE IS \$150.00  After Mary 3, 2003 Fee will be \$550.00  Make Check Physiate to Florida Department of State  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  OFFICERS AND DIRECTORS  OTY-ST-ZP  ORMOND BEACH FL 32174  TITLE  ORMOND BEACH FL 32174	ORMOND	BEACH FL 32174											
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12. Thereby 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALENGEVOOR RESIRED 4-14-0

386-437-0200

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