

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000017487

1. Entity Name

ELISE ENTERPRISES CORPORATION

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90049 041 ***150.00

Principal Place of Business

Mailing Address

4644 N. MAIN ST.
JACKSONVILLE FL 32206

321 GREENCASTLE DR.
JACKSONVILLE FL 32225-6510

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3300167

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

MOURO, BARBARA
321 GREENCASTLE DR.
JACKSONVILLE FL 32225

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, 2000 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	S	<input checked="" type="checkbox"/> Delete
NAME	MOURO, BARBARA	
STREET ADDRESS	321 GREENCASTLE DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MOURO, WILLIAM S.	
STREET ADDRESS	321 GREENCASTLE DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	P	<input type="checkbox"/> Delete
NAME	MOURO, THOMAS J	
STREET ADDRESS	7163 MELVIN RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDNA MOURO HIMEBAUGH	
STREET ADDRESS	2736 ELISA DR. W	
CITY-ST-ZIP	JAX, FL 32216	
TITLE	V.P.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eloise Kight	
STREET ADDRESS	2031 OAKWATER DR	
CITY-ST-ZIP	JAX, FL 32225	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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

Thomas Mouro 3-20-00 (904) 727-6095

Date

Daytime Phone #

CR2E034 (9/99)