

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90107 026 ***150.00

DOCUMENT # P95000027275

1. Entity Name
ELITE PROS, INC.

Principal Place of Business
~~2538 COUNTRYSIDE PINES DRIVE~~
~~CLEARWATER FL 33761~~

Mailing Address
~~2538 COUNTRYSIDE PINES DRIVE~~
~~CLEARWATER FL 33761~~
 US

2. Principal Place of Business
334 East Lake Road
 Suite, Apt. #, etc.
266

3. Mailing Address
334 East Lake Road
 Suite, Apt. #, etc.
266

City & State
Palm Harbor Fla
 Zip
34685 Country
Pinellas

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Palm Harbor Fla.
 Zip
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Pinellas

4. FEI Number **59-3308654**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ORR, GARY
2538 COUNTRYSIDE PINES DR
CLEARWATER FL 33761

7. Name and Address of New Registered Agent

Name **Orn. Gary**
 Street Address (P.O. Box Number is Not Acceptable)
334 East Lake Road # 266
 City **Palm Harbor** **FL** Zip Code **34685**

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

4/15/02

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

| | |
|----------------|--|
| TITLE | P <input type="checkbox"/> Delete |
| NAME | ORR, GARY |
| STREET ADDRESS | 2538 COUNTRYSIDE PINES BLVD |
| CITY-ST-ZIP | CLEARWATER FL 33761 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | Orn Gary |
| STREET ADDRESS | 334 East Lake Road # 266 |
| CITY-ST-ZIP | Palm Harbor, Fla 34685 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | Palm Harbor |
| 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 | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| 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 |
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| 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)(f), 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 #

4/15/02

CR2E034 (9/01)