

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90053 006 ***150.00

DOCUMENT # P95000032909

1. Entity Name
ELLERBE ENTERPRISES, INC.

Principal Place of Business 5533 BAYMEADOWS DRIVE MILTON FL 32583	Mailing Address 5533 BAYMEADOWS DRIVE MILTON FL 32583-9518
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2. Principal Place of Business 4390 D'EVEREUX DR. Suite, Apt. #, etc.	3. Mailing Address 4390 D'EVEREUX DR. Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Pensacola, Fla.	City & State Pensacola, Fla.	4. FEI Number 59-3311667	Applied For <input type="checkbox"/>
Zip 32504	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ELLERBE, DAVID R 5533 BAYMEADOWS DRIVE MILTON FL 32583	7. Name and Address of New Registered Agent Name ELLERBE, David R Street Address (P.O. Box Number is Not Acceptable) 4390 D'EVEREUX DR City Pensacola FL Zip Code 32504
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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.

SIGNATURE: *David R. Ellerbe* DATE: 03/31/00
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.

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 P	<input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ELLERBE, DAVID R		NAME ELLERBE, David R	
STREET ADDRESS 5533 BAYMEADOWS DRIVE		STREET ADDRESS 4390 D'EVEREUX DR.	
CITY-ST-ZIP MILTON FL 32583		CITY-ST-ZIP Pensacola, Fla. 32504	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		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)(l), 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: *David R. Ellerbe* **David R. ELLerbe** DATE: 03/31/00 (850) 471-2173
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F034 (9/99)