2002 Uniform Business Report (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Apr 10, 2002 8:00 am Secretary of State P95000060631 **DOCUMENT #** 1. Entity Name ELITE HOME BUILDERS INCORPORATED 04-10-2002 90654 041 ***150.00 Principal Place of Business Mailing Address 11062 S MILITARY TRAIL 11062 S MILITARY TRAIL **STE 451** STE 451 **BOYNTON BEACH FL 33436 BOYNTON BEACH FL 33436** US Principal Place of Busines: 3. Mailing Address DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0599911 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent RITA, EUGENE-N 11062 S MILITARY TRAIL STE 451 **BOYNTON BEACH FL 33436** stered agent, or both, in the State of Florida 8. The above named entity submits this statement for the purpose of changing its registered office ed agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS GES TO OFFICERS AND DIRECTORS IN 11 11. (9/01) TITLE TITLE **⊠** Delete RITA, BAYLE'S NAME 11063 S. MIL: EARY SUITE 451 NAME CR2E034 11062 S MILITARY TRAIL STE 451 STREET ADDRESS STREET ADDRESS Boynton Boach FL. 33436 **BOYNTON BEACH FL 33436** CITY-ST-ZIP CITY-ST-ZIP □ Change Addition **VPST** TITLE ☐ Delete TITLE RITA. EUGENE N NAME NAME 11062 S MILITARY TRAIL, STE 451 STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33436** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 13. I hereby certify that the information supplied with this filling 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 eath; 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