

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90174 040 \*\*\*150.00

**DOCUMENT # P95000094884**

1. Entity Name  
**ELITE PATIO & GARDEN SWINGS INC.**



Principal Place of Business  
**1499 SW 30TH AVE., STE 30  
BOYNTON BEACH FL 33426**

Mailing Address  
**1499 SW 30TH AVE., STE 30  
BOYNTON BEACH FL 33426**

2. Principal Place of Business  
**222 DAY ROAD**

3. Mailing Address  
**222 DAY ROAD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**TAYLORSVILLE KY**

City & State  
**TAYLORSVILLE KY**

Zip  
**40071**

Country

Zip  
**40071**

Country

4. FEI Number  
**65-0631283**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**BEDARD, CLAUDE H  
309 WATERSIDE DRIVE  
HYPOLEXO FL 33462**

## 7. Name and Address of New Registered Agent

Name  
**DAVID FELDMAN**  
Street Address (P.O. Box Number is Not Acceptable)  
**1700 W. WOODBRIFF ROAD #6**  
City  
**BOYNTON BEACH** FL Zip Code  
**33426**

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

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/21/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BEDARD, CLAUDE H	
STREET ADDRESS	309 WATERSIDE DRIVE	222 DAY ROAD
CITY-ST-ZIP	HYPOLEXO FL 33462	TAYLORSVILLE KY 40071
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. 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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 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 #

**4/21/03**

CR2E034 (10/02)