

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90131 018 ***150.00

DOCUMENT # P96000012213

1. Entity Name
T. W. ELMORE, INC.



Principal Place of Business
**5807 SPENCER PARRISH RD
PARRISH FL 34219
US**

Mailing Address
**5807 SPENCER PARRISH RD
PARRISH FL 34219
US**



2. Principal Place of Business
**12244 US Hwy 301 N.
Suite, Apt. #, etc.**

3. Mailing Address
**12244 US Hwy 301 N.
Suite, Apt. #, etc.**

☒ CHECK HERE IF MAKING CHANGES

City & State
Parrish, FL

City & State
Parrish, FL

4. FEI Number
65-0646642

Applied For
☐ Not Applicable

Zip
34219

Country

Zip
34219

Country

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

**ELMORE, RADAWN
5807 SPENCER PARRISH RD
PARRISH FL 34219**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete
P	ELMORE, TIMOTHY W	5807 SPENCER PARRISH RD	PARRISH FL 34219	<input type="checkbox"/>
S	ELMORE, RADAWN	5807 SPENCER PARRISH RD	PARRISH FL 34219	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
	VP, S.T			<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Radawn Elmore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/2003

941-776-9431

Date

Daytime Phone #

CRE034 (10/02)