

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90042 028 ***150.00

DOCUMENT # P96000047434

1. Entity Name
ELBERT SPECIALTY PRODUCTS, INC.

Principal Place of Business

4533 SUNBEAM RD.
 UNIT 803
 JACKSONVILLE FL 32257
 US

Mailing Address

4533 SUNBEAM RD.
 UNIT 803
 JACKSONVILLE FL 32257-6143
 US

2. Principal Place of Business

4949 SUNBEAM RD

3. Mailing Address

4949 SUNBEAM RD

Suite, Apt. #, etc.

SUITE # 13

Suite, Apt. #, etc.

SUITE # 13

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32257

Country

FLORIDA

Zip

32257

Country

FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3385790

Applied For

Not Applicable

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

ELBERT, PETER C
6351 IMMOLCALEE RD
KEYSTONE HEIGHTS FL 32656

Name **PETER C ELBERT**

Street Address (P.O. Box Number is Not Acceptable)
6351 IMMOKALEE RD.

City **KEYSTONE HEIGHTS, FL** Zip Code **32656**

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-5-00

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, 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	DCPS	<input checked="" type="checkbox"/> Delete
NAME	ELBERT, PETER C.	
STREET ADDRESS	4533 SUNBEAM RD., UNIT 803	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DCPS	<input type="checkbox"/> Delete
NAME	ELBERT, PETER C.	
STREET ADDRESS	4949 SUNBEAM RD SUITE 13	
CITY-ST-ZIP	JAX, FL 32257	
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		

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		
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)(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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-2000

Date

904-777-0940

Daytime Phone #

CR2E034 (9/99)