

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90074 034 ***150.00

DOCUMENT # P96000053109

1. Entity Name
ELITE INSURANCE SERVICES, INC.

Principal Place of Business

~~7222 S. TAMiami TR~~
~~SUITE 105~~
SARASOTA FL 34231
US

Mailing Address

7222 S. TAMiami TR
~~SUITE 105~~
SARASOTA FL 34231
US

2. Principal Place of Business

7560 Commerce Ct
 Suite, Apt. #, etc.

3. Mailing Address

7560 Commerce Ct
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Sarasota FL

Zip Country
34243 USA

City & State
Sarasota FL

Zip Country
34243 USA

4. FEI Number **65-0684946**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HERRIG, STEVEN F
~~7222 S TAMiami TRAIL 105~~
SARASOTA FL 34231

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
7560 Commerce Court
 City **Sarasota** **FL** Zip Code **34243**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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, 2002 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

TITLE	D	<input type="checkbox"/> Delete
NAME	HERRIG, STEVEN F	
STREET ADDRESS	7150 RUSTIC ACRES	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARTIG, DENNIS	
STREET ADDRESS	5350 MONTCLAIR PLACE	
CITY-ST-ZIP	SARASOTA FL 34231	
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		

12. 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	
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 AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

1/8/02 941-925-2990

CR2E034 (9/01)