

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90215 019 \*\*\*150.00

**DOCUMENT # P96000099690**

1. Entity Name  
**ELM INDUSTRIES, INC.**

Principal Place of Business

**2758 MICHIGAN AVE  
 6  
 KISSIMMEE FL 34744-1513  
 US**

Mailing Address

**P.O. BOX 450758  
 KISSIMMEE FL 34745-0758  
 US**

2. Principal Place of Business

**2100 Hickory Tree Road  
 Suite, Apt. #, etc.**

3. Mailing Address

**P.O. Box 700358  
 Suite, Apt. #, etc.**

City & State

**St. Cloud, Florida**

City & State

**St. Cloud, Florida**

Zip

**34772**

Country

**OSCEOLA**

Zip

**34770**

Country

**OSCEOLA**

4. FEI Number

**59-2410559**

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

**MILES, R S JR  
 100 CHURCH ST  
 KISSIMMEE FL 34741**

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.

SIGNATURE

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

(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, 2001 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 **P** ☒ Delete  
 NAME **WALTERS, R S**  
 STREET ADDRESS **74 WROTTESLEY ROAD TETTENHALL**  
 CITY-ST-ZIP **WOLVERHAMPTON ENGLAND WU68SF**

TITLE **PRESIDENT** ☒ Change ☐ Addition  
 NAME **WALTERS R.S.**  
 STREET ADDRESS **3060 TOHOPEKALICA DR**  
 CITY-ST-ZIP **St. Cloud FL 34772**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
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 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ROGER WALTERS**

Date

**1/12/01**

Daytime Phone #

**407.957.4456**

CR2E034 (10/00)