

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 16, 2001 8:00 am  
Secretary of State

04-16-2001 90242 026 \*\*\*158.75

DOCUMENT # P97000054808

1. Entity Name  
ELITE INSPECTIONS, INC.

Principal Place of Business

404 JAY COURT  
POINCIANA FL 34759

Mailing Address

404 JAY COURT  
POINCIANA FL 34759

2. Principal Place of Business

4820 W. Hwy 192  
Suite, Apt. #, etc.

3. Mailing Address

4820 W. Hwy 192  
Suite, Apt. #, etc.

City & State

Kissimmee, FL

City & State

Kissimmee, FL

Zip

34746

Country

USA

Zip

34746

Country

USA

4. FEI Number 59-3456081

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KILMER, SCOTT  
404 JAY COURT  
POINCIANA FL 34759

7. Name and Address of New Registered Agent

Name

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

4820 W. Hwy 192

City

Kissimmee

FL

Zip Code

34746

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

TITLE P  
NAME KILMER, SCOTT  
STREET ADDRESS 404 JAY COURT  
CITY-ST-ZIP POINCIANA FL 34759 ☐ Delete

TITLE VS  
NAME KILMER, TRACY  
STREET ADDRESS 404 JAY CT  
CITY-ST-ZIP POINCIANA FL 34759 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 4820 W. Hwy 192  
CITY-ST-ZIP Kissimmee, FL 34746 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS 4820 W. Hwy 192  
CITY-ST-ZIP Kissimmee, FL 34746 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Tracy M. Kilmer, Secretary

4-10-01

(407)397-7624

Date

Daytime Phone #

CR2E034 (10/00)