

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90297 036 ***158.75

DOCUMENT # P97000054808

1. Entity Name

ELITE INSPECTIONS, INC.

Principal Place of Business

**4820 W HWY 192
 KISSIMMEE FL 34746
 US**

Mailing Address

**4820 W HWY 192
 KISSIMMEE FL 34746
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4151 O'Berry Road
 Suite, Apt. #, etc.

3. Mailing Address

4151 O'Berry Road
 Suite, Apt. #, etc.

City & State

Kissimmee FL

City & State

Kissimmee, FL

4. FEI Number

59-3456081

Applied For

Not Applicable

Zip

34746

Country

USA

Zip

34746

Country

USA

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**KILMER, SCOTT
 4820 W HWY 192
 KISSIMMEE FL 34746**

7. Name and Address of New Registered Agent

Name

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

4151 O'Berry Road

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, 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 **P** ☐ Delete
 NAME **KILMER, SCOTT**
 STREET ADDRESS **4820 W HWY 192**
 CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE **VS** ☐ Delete
 NAME **KILMER, TRACY**
 STREET ADDRESS **4820 W HWY 192**
 CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **4151 O'Berry Road**
 CITY-ST-ZIP **Kissimmee, FL 34746**

TITLE ☒ Change ☐ Addition
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 STREET ADDRESS **4151 O'Berry Road**
 CITY-ST-ZIP **Kissimmee, FL 34746**

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

CR2E034 (9/01)

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Secretary

4-16-02
 Date

407-932-2922
 Daytime Phone #