UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State
05-10-2000 90140 036 ***150.00

DOCUMENT # P97000071405

Entity Name
ELARBEE BUILDERS, INC.

Principal Place of Business
411 MARGARET ST.
NEPTUNE BEACH, FL. 32266

Mailing Address
P.O. Box 16952
Jacksonville, FL
32245-6952

2. Principal Place of Business

Suite, Apt #, etc.

City & State

Zip | Country

3. Mailing Address

Suite, Apt #, etc.

City & State

Zip | Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3463992 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
ELARBEE, HAL
411 MARGARET ST.
NEPTUNE BEACH, FL.
32266

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 X Hal Elarbee
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

If corporation is eligible to satisfy its intangible filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS $150.00
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

	☐ Delete
TITLE	PVST
NAME	ELARBEE, HAL
ADDRESS	411 MARGARET ST.
CITY-ST-ZIP	NEPTUNE BEACH, FL. 32266

☐ Delete
☐ Delete
☐ Delete
☐ Delete
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

(repeated six times)

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: X Hal Elarbee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00 Date
904-733-454 Daytime Phone #

CR2E034 (9/99)

04/25/00 TUE 20:06 FAX