

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90227 042 ***150.00

0036072 AV

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1. Entity Name
ELARBEE BUILDERS, INC.

Principal Place of Business
**411 MARGARET STREET
NEPTUNE BEACH FL 32266**

Mailing Address
**POST OFFICE BOX 16952
JACKSONVILLE FL 32245-6952**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3463992

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ELARBEE, HAL
411 MARGARET STREET
NEPTUNE BEACH FL 32266**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Hal Elarbee* **No Change**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD S** Delete
NAME **ELARBEE, HAL**
STREET ADDRESS **411 MARGARET STREET**
CITY-ST-ZIP **NEPTUNE BEACH FL 32266**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** Delete
NAME **COPPEDGE, ANN C**
STREET ADDRESS **15 SANDPIPER COVE**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE Change Addition
NAME **Elarbee, Hal**
STREET ADDRESS **411 Margaret St**
CITY-ST-ZIP **Neptune Bch, FL 32266**

TITLE **VP** Delete
NAME **HUDSON, ARDEN M**
STREET ADDRESS **4358 TIMQUANA RD #101**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Hal Elarbee **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/03

Date

904 249-4340

Daytime Phone #

CR2E034 (10/02)