

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 AUG 30 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000074429

1. Entry Name
ELDER FINANCIAL GROUP, CORP.

Principal Place of Business **Mailing Address**
392 Carriage House Ln 392 Carriage House Ln
Tarpon Springs FL 34689 Tarpon Springs, FL 34689

2. Principal Place of Business **3. Mailing Address**
0347 US Hwy 19 N #113 40347 US Hwy 19 N #113

Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **City & State** **4. FEI Number** **Applied For**
Tarpon Springs, FL Tarpon Springs, FL 59-3464208 ☐ Not Applicable

Zip **Country** **Zip** **Country** **5. Certificate of Status Desired** **\$8.75 Additional Fee Required**
34689 USA 34689 USA ☐ \$8.75 Additional Fee Required


6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**

Todd Shermer
358 Los Prados Drive
Safety Harbor, FL 34695

Name **Street Address (P.O. Box Number is Not Acceptable)**
Todd Shermer
40347 U S Highway 19 North #113

City **FL** **Zip Code**
Tarpon Springs 34689

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 **DATE**
 08/29/00

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

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, 2000 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 D <input type="checkbox"/> Delete	NAME Shermer, Todd	TITLE D/P/S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Shermer, Todd
STREET ADDRESS 3095 Spring Oak Avenue	CITY-ST-ZIP Palm Harbor, FL 34684	STREET ADDRESS 40347 U S Highway 19 North #113	CITY-ST-ZIP Tarpon Springs, FL 34689
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	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: **DATE** **727-939-1369**
 08/29/00 727-939-1369

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)