

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**  
 04-25-2001 90094 043 \*\*\*158.75

**DOCUMENT # P97000083258**

1. Entity Name

**A. C. ELLIOTT & ASSOCIATES, INC.**

Principal Place of Business

**5865 NW 194TH STREET  
 MIAMI FL 33015  
 US**

Mailing Address

**5865 NW 194TH STREET  
 MIAMI FL 33015  
 US**

2. Principal Place of Business

**3810 S. STATE ROAD 7**

Suite, Apt. #, etc.

**SUITE B**

City & State

**MIRAMAR, FLORIDA**

Zip

**33023-6160**

Country

**BROWARD**

3. Mailing Address

**P. O. BOX 245872**

Suite, Apt. #, etc.

City & State

**PEMBROKE PINES, FLORIDA**

Zip

**33024**

Country

**BROWARD**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0783773**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**ELLIOTT, ANNMARIE C  
 5865 NW 194TH STREET  
 MIAMI FL 33015**

7. Name and Address of New Registered Agent

Name

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

**3810 S. STATE ROAD 7**

**SUITE B**

City

**MIRAMAR**

**FL**

Zip Code

**33023-6160**

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

*AnnMarie C. Elliott*

**AnnMarie C. Elliott, Treasurer**

**4/19/01**

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	PD	<input type="checkbox"/> Delete
NAME	ELLIOTT, REMY P	
STREET ADDRESS	5865 NW 194TH STREET	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DEPAULA, CAROL-ANN L	
STREET ADDRESS	5350 NW 181ST TERRACE	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ELLIOTT, ANNAMARIE C	
STREET ADDRESS	5865 NW 194TH STREET	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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:

*Remy P. Elliott*

**REMY P. ELLIOTT, PRESIDENT**

**4/19/01**

**954-893-0401**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)