## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

P97000085397

1. Entity Name

ELITE ENTERTAINMENT OF CENTRAL FLORIDA INC.



FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90165 011 \*\*\*150.00

•	ce of Business ONIAL DRIVE SUITE 197 32818-6731		Mailing Address 7226 W COLONIAL DRIVE SUITE 197 ORLANDO FL 32818-6731				<b>  1</b>		
2. Principal Place of Business 3. Mailing Address							i Bahii Salah Ibibi bilab	1711 <b>0</b> 18111 1881 1881	
Suite, Apt.	#, etc.	Suite, Apt. #, etc	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & Stat	e	City & State	City & State		4. FEI Number 59-3238759			Applied For Not Applicable	l
Zip Country Zip			Country		5. Certificat	te of Status Desired	□ \$8.75 Fee Rec	Additional	
6. Name and Address of Current Registered Agent					7. Name an	d Address of New Re	gistered Agent		ĺ
				Name			3		ĺ
HUBBARD, JOHN E JR				The contract of the contract o					
2446 LIELASUS DRIVE				Street Address (P.O. Box Number is Not Acceptable)					
UKLANDO	) FL 32835								ĺ
				City	•		FL Zip	Code	ĺ
9 The choice	named entity submits this state	mont for the nursees of chan	alna ita ragistar	ad office or regi	istored agent or b	oth, in the State of Flor		ith, and accent	ł
the obligat	tions of registered agent	ment for the purpose of chart	ging its register	ed office of fegi	istered agent, or o	out, in the state of Flor	iua. Taili lailiillai v	min, and accept	}
_	1.1		1			4/	1/2-	ļ	
SIGNATURE .	yan Z.	1 mil	AUGZE Designer		quired when reinstating)	<del></del>	DATE		l
	Signature, typed or printed name of register	ed agentas d title if applicable.	(NOTE: Hegistere	ad Agent signature red	quired 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						Election Campaign Fina rust Fund Contribution		5.00 May Be dded to Fees	
10.	OFFICER	S AND DIRECTORS	11.		ADDITIONS	S/CHANGES TO OFFIC	CERS AND DIRECT	ORS IN 11	ĺ
TITLE	PAV	☐ Dele	te TITL	E			☐ Char		í
NAME	HUBBARD, DIXIE		NAN	E				_	3
STREET ADDRESS	2446 LIELASUS DR		STR	EET ADDRESS					3
CITY-ST-ZIP	ORLANDO FL 32835		CITY	'-ST-ZIP				j	Š
TITLE	CEOP	. Dele	te TiTL	Ę			□ Сћаг	ge 🔲 Addition	Ş
NAME	HUBBARD, JR, JOHN E	ē 🗀 Dete	NAM	IE .					
STREET ADDRESS	2446 LIELÁSUS DR		STRI	ET ADDRESS					
CITY-ST-ZIP	ORLANDO FL 32835	a)	CITY	'-ST-ZIP					
TITLE	VPCE	□ Dele	te TITL	E			☐ Chan	ge	
NAME	PESHEK, CHARLES	eresis er i eresis eres	. NAM	IE		ميرس باران	- <del>-</del>		
STREET ADDRESS	2446 LIELASUS DR		STRI	ET ADDRESS					
CITY-ST-ZIP	ORLANDO FL 32835		CITY	-ST-ZIP					
TITLE		☐ Dele	te TITL	E			☐ Char	ge 🗌 Addition	
NAME			NAM	E					
STREET ADDRESS			STRI	ET ADDRESS					
CITY-ST-ZIP			CITY	-ST-ZIP				ļ	i
TITLE		☐ Dele	te TITL	E			☐ Chan	ge 🔲 Addition	
NAME			NAM						ĺ
STREET ADDRESS			STRE	ET ADDRESS					
CITY-ST-ZIP			CITY	-ST-ZIP				}	
TITLE		☐ Delei	te TITL	F			☐ Chan	ge Addition	

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 otherwise empowered.

STREET ADDRESS CITY-ST-ZIP

NAME

**SIGNATURE:** 

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

4/11/03

Daytime Phone #

3R2E034 (10/0