

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000006587

1. Entity Name

ELITE TRANSPORTATION SERVICES, INC.

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90007 044 ***150.00

Principal Place of Business 1265 S. MYRTLE AVENUE CLEARWATER FL 33756	Mailing Address 1265 S. MYRTLE AVENUE CLEARWATER FL 33756-3470
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2. Principal Place of Business Suite, Apt. #, etc. 2050 Weaver Park Drive City & State Clearwater, FL 33756 Zip 33765		3. Mailing Address Suite, Apt. #, etc. 2050 Weaver Park Drive City & State Clearwater, FL 33756 Zip 33765	
Country US	Country US		



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3573127	APPLIED FOR	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIVES, HOWARD P III
1265 S. MYRTLE AVENUE
CLEARWATER FL 33756

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.

SIGNATURE

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	D WEAVER, V.C. 2050 WEAVER PK DR CLRWATER FL 33765	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Weaver, J.C. 2050 Weaver Park Drive Clearwater, FL 33765	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *J.C. Weaver* J.C. WEAVER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-00
Date

727-4420035
Daytime Phone #

CR2E034 (9/99)