

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000073915

1. Entity Name

ELLIOTT BUILDING & REMODELING, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90106 003 ***150.00

Principal Place of Business

Mailing Address

5356 CHIPPENDALE CIRCLE
FORT MYERS FL 33919
US

5356 CHIPPENDALE CIRCLE
FORT MYERS FL 33919-2204
US

2. Principal Place of Business

6981 Greystone Lane

3. Mailing Address

6981 GREYSTONE LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Fort Myers, FL

City & State

Fort Myers, FL

4. FEI Number

65-0858498

Applied For

Not Applicable

Zip

33912

Country

USA

Zip

33912

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELLIOTT, RICK
5356 CHIPPENDALE CIRCLE
FORT MYERS FL 33919

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

4/13/00

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 ☐ Delete
NAME D
STREET ADDRESS ELLIOTT, RICK
CITY-ST-ZIP 5356 CHIPPENDALE CIRCLE
FORT MYERS FL 33919

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS ELLIOTT, RICK
CITY-ST-ZIP 6981 GREYSTONE LANE
FORT MYERS, FL 33912

TITLE ☐ Delete
NAME D
STREET ADDRESS ELLIOTT, LISA
CITY-ST-ZIP 5356 CHIPPENDALE CIRCLE
FORT MYERS FL 33919

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS ELLIOTT, LISA
CITY-ST-ZIP 6981 GREYSTONE LANE
FORT MYERS, FL 33912

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

LISA W. ELLIOTT, LISA W. ELLIOTT

Date

Daytime Phone #

CR2E034 (9/99)