## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** May 01, 2001 8:00 am Secretary of State DOCUMENT # **P98000084695** 1. Entity Name ELITE WALLCOVERING, INCORPORATED 05-01-2001 90039 018 \*\*\*150.00 Principal Place of Business Mailing Address 14914 LIVINGSTON AVE 14914 LIVINGSTON AVE LUTZ FL 33549 LUTZ FL 33549 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEL Number Applied For 59-3536902 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FORD, MICHAEL L Street Address (P.O. Box Number is Not Acceptable) 14914 LIVINGSTON AVE. **LUTZ FL 33549** City 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's gnature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DVP TITLE ☐ Delete TITLE Change Addition CR2E034 (10/00 NAME FORD, MICHAEL L. NAME STREET ADDRESS STREET ADDRESS 14914 LIVINGSTON AVE. CITY-ST-7IP CITY-ST-ZIP LUTZ FL 33549-3191 TITLE ☐ Delete TITL 9 ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete 7171.6 Change Addition NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Change

☐ Addition