

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State
 04-18-2000 90193 032 ***158.75

DOCUMENT # **P99000009537** ✓
 1. Entity Name
Elite Editions Homes, Inc

Principal Place of Business Mailing Address
121 Phelps Avenue N.
Winter Park, FL 32789

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **59-3560624** Applied For Not Applicable
 5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

C0064719

6. Name and Address of Current Registered Agent
Gregory L. Holzhauser
250 Park Ave. S., 5th fl.
Winter Park, FL 32789

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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 + \$7.75
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
 TITLE NAME STREET ADDRESS CITY-ST-ZIP
President + Director
Pamela R. Maycumber
121 Phelps Ave N, Winter Park, FL 32789
☐ Delete
 TITLE NAME STREET ADDRESS CITY-ST-ZIP
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
☐ Change ☐ Addition
 TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Change ☐ Addition
 TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Change ☐ Addition
 TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Change ☐ Addition
 TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Change ☐ 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: **Pamela R. Maycumber** **A-10-2000 (44) CA 3243**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2FN34 (9/99)