## **FILED** 2000 UNIFORM BUSINESS REPORT (UBR) May 31, 2000 8:00 am Secretary of State DOCUMENT # **P99000012789** 05-31-2000 90006 044 \*\*\*550.00 ELITE AUTO CARRIERS, INC. Principal Place of Business Mailing Address ROGERS ROAD 2311 ROGERS ROAD \*\*\*\* FL 33813 LAKELAND FL 33813-3139 3. Mailing Address 2. Principal Place of Business 12311 E. Cornell Ave. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 23 Applied For City & State City & State 4. FEI Number 84-1488140 Aurora, CO Not Applicable Country \$8.75 Additional Ζip Country 5. Certificate of Status Desired 80014-3323 **USA** Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name REHER, DEBORA C Street Address (P.O. Box Number is Not Acceptable) 2311 ROGERS ROAD LAKELAND FL 33813 Zip Code FL 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.

FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition ☐ Delete TITLE TITLE **GUNN, RICKY C** NAME STREET ADDRESS STREET ADDRESS 16123 GERANIUM CT CITY-ST-ZIP CITY-ST-ZIP **MORENO VALLEY CA 92551** STD ☐ Delete TITLE r⊓ Change ☐ Addition Matteo, Alexander A. MATTEO, ALEXANDER A NAME NAME 2617 S. Depew Pl. STREET ADDRESS STREET ADDRESS 2907 S WOLFF ST Lakewood, CO 80227 CITY-ST-ZIP · CITY-ST-ZIP DENVER CO 80236 STD Change ■ Addition TITLE ☐ Delete TITLE Reher, Debora C. NAME NAME STREET ADDRESS 12311 E. Cornell Ave. #23 STREET ADDRESS Aurora, CO . 80014-3323 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ■ Addition TITLE NAME

(NOTE: Registered Agent signature required when reinstating) . . :

13. I hereby certify that the information supplied with this filling 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

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Defete

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING/OFFICER OR DIRECTOR

Debora C. Reher Secretary

05-20-00

303-750-4930

Daytime Phone #

☐ Change

☐ Addition

CHZE034 (9/