

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90154 040 \*\*\*150.00

**DOCUMENT # P99000013907**

1. Entity Name

**ELITE INVESTMENT SERVICES, INC.**

Principal Place of Business

**8012 W. GULF TO LAKE HWY.  
 CRYSTAL RIVER FL 34429**

Mailing Address

**8012 W. GULF TO LAKE HWY.  
 CRYSTAL RIVER FL 34429**

**80029162**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**655 W. Gulf to Lake Highway**

3. Mailing Address

**7655 W. Gulf to Lake Highway**

Suite, Apt. #, etc.

**Suite 16**

Suite, Apt. #, etc.

**Suite 16**

City & State

**Crystal River, FL 34429**

City & State

**Crystal River, FL 34429**

4. FEI Number

**59-3571213**

Applied For

☐ Not Applicable

Zip

**34429**

Country

**USA**

Zip

**34429**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**DUDLEY, PAUL J JR.  
 8012 W. GULF TO LAKE HWY.  
 CRYSTAL RIVER FL 34429**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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, 2002 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

DELETE	<input type="checkbox"/> Delete
NAME	<b>D</b>
STREET ADDRESS	<b>DUDLEY, PAUL J JR.</b>
CITY-STATE-ZIP	<b>3100 N. PENNSYLVANIA AVE. CRYSTAL RIVER FL 34428</b>
DELETE	<input type="checkbox"/> Delete
NAME	<b>D</b>
STREET ADDRESS	<b>DUDLEY, TAMMY L</b>
CITY-STATE-ZIP	<b>3100 N. PENNSYLVANIA AVE. CRYSTAL RIVER FL 34428</b>
DELETE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
DELETE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
DELETE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
DELETE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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:

*Paul J. Dudley, President*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-30-2002 (352) 564-1170**

CR2E034 (9/01)