

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000040828

1. Entity Name

ELLIS APPLIANCES & CARPET, INC.

**FILED**  
**Feb 16, 2001 8:00 am**  
**Secretary of State**

02-16-2001 90005 029 \*\*\*150.00

Principal Place of Business

36 WEST PLANT STREET  
WINTER GARDEN FL 34787

Mailing Address

36 WEST PLANT STREET  
WINTER GARDEN FL 34787

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3582514**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SMALLEY, WAYNE  
36 WEST PLANT STREET  
WINTER GARDEN FL 34787

7. Name and Address of New Registered Agent

Name Smalley, Craig

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

1527 E. Concord St.

City Orlando

FL

Zip Code

32803

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 signature required when reinstating)

2/2/01

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, 2001 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  
DP  
TIBBS, PETER F  
8328 SILVER STAR RD.  
ORLANDO FL 32818 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DS  
TIBBS, SUZANNE E  
8328 SILVER STAR RD.  
ORLANDO FL 32818 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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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: X Peter Tibbs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Suzanne Tibbs

Date

February 13th 2001

Daytime Phone #

CR2E034 (10/00)