

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
 05-02-2002 90091 004 ***150.00

DOCUMENT # P99000040828

1. Entity Name
ELLIS APPLIANCES & CARPET, INC.

Principal Place of Business
**36 WEST PLANT STREET
 WINTER GARDEN FL 34787**

Mailing Address
**36 WEST PLANT STREET
 WINTER GARDEN FL 34787**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
PO Box 560673
 Suite, Apt. #, etc.

3. Mailing Address
PO Box 560673
 Suite, Apt. #, etc.

City & State
Montverde FL
 Zip
37756 Country
LAKE

City & State
Montverde FL
 Zip
37756 Country
LAKE

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

**SMAILEY, CRAIG
 1527 E. CONCORD ST.
 ORLANDO FL 32803**

7. Name and Address of New Registered Agent

Name
Smalley & Company PA
 Street Address (P.O. Box Number is Not Acceptable)
1517 E Hillcrest 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]
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-28-02
 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, 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

TITLE
DP ☐ Delete
 NAME
TIBBS, PETER F
 STREET ADDRESS
8328 SILVER STAR RD.
 CITY-ST-ZIP
ORLANDO FL 32818

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)