

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State
 05-18-2001 90010 015 ***150.00

DOCUMENT # P99000044679

1. Entity Name

ELBA CORPORATION

Principal Place of Business
 4620 SW 25th Court
 Cape Coral, FL 33914

Mailing Address
 4620 SW 25th Court
 Cape Coral, FL 33914

2. Principal Place of Business
 4620 SW 25th Court
 Suite, Apt. #, etc.

3. Mailing Address
 4620 SW 25th Court
 Suite, Apt. #, etc.

City & State
 Cape Coral, FL

City & State
 Cape Coral, FL

4. FEI Number
 65-0949517

Applied For
 Not Applicable

Zip Country
 33914 USA

Zip Country
 33914 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Wright, Christine F.
 1105 Cape Coral Parkway E, Suite C
 Cape Coral, FL 33914

Name
 MHB Homeservice, Inc.
 Street Address (P.O. Box Number is Not Acceptable)
 2712 SW 42nd Lane

City Zip Code
 Cape Coral FL 33914

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]

Michaela Bergmann

4/10/2001

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

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 \$100.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ \$5.00
 Trust Fund Contribution. May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
 NAME Bauer, Hans
 STREET ADDRESS 4620 SW 25th Court
 CITY - ST - ZIP Cape Coral, FL 33914

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

TITLE D ☐ Delete
 NAME Bauer, Anne
 STREET ADDRESS 4620 SW 25th Court
 CITY - ST - ZIP Cape Coral, FL 33914

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

TITLE ☐ Delete
 NAME
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 NAME
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 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]

Hans Bauer

4/10/2001

941-945-0621

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (8/98)