

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90152 047 ***150.00

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1. Entity Name
ELBA CORPORATION



Principal Place of Business
**4620 S.W. 25TH CT.
CAPE CORAL FL 33914-6183**

Mailing Address
**4620 S.W. 25TH CT.
CAPE CORAL FL 33914-6183**

2. Principal Place of Business
2318 SW 44th Terrace

3. Mailing Address
2318 SW 44th Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Cape Coral, FL

City & State
Cape Coral, FL

Zip Country
33914

Zip Country
33914

4. FEI Number **65-0949517**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**MHB HOMESERVICE, INC.
4223 SW 20TH AVENUE
CAPE CORAL FL 33914**

7. Name and Address of New Registered Agent

Name **THOMAS W HILL**
Hill & Company, CPA, PA
Street Address (P.O. Box Number is Not Acceptable)
1318 Lafayette Street

City **Cape Coral** **FL** Zip Code **33904**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Thomas W Hill*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1-13-03**

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	D			<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>
	BAUER, ANNA E									
	KIRCHSTR. 10, D-76835									
	FLEMINGEN, GERMANY									
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

12. 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 10 or Block 11 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 **1-13-03**

DATE

Daytime Phone #

CR2E034 (10/02)