

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90061 001 ***300.00

DOCUMENT # P99000062111

1. Entity Name

ELITE RECORDS, INC.

Principal Place of Business

**6110 POWERS AVENUE
 SUITE 13
 JACKSONVILLE FL 32217**

Mailing Address

**6110 POWERS AVENUE
 SUITE 13
 JACKSONVILLE FL 32217**

2. Principal Place of Business

2104 Cassat ave

3. Mailing Address

2104 Cassat ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Jacksonville Fla

City & State
Jacksonville Fla

4. FEI Number **59-3583344**

Applied For
 Not Applicable

Zip
32210

Country
Dura

Zip
32210

Country
Dura

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

**ROSS, ALBERT
 6110 POWERS AVENUE
 SUITE 13
 JACKSONVILLE FL 32217**

Name

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

2104 Cassat ave

City **Jacksonville**

FL

Zip Code **32210**

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**
 NAME **SMITH, GALYN**
 STREET ADDRESS **6110 POWERS AVENUE, SUITE 13**
 CITY-ST-ZIP **JACKSONVILLE FL 32217**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **VP**
 NAME **WATERS, DASHAWN**
 STREET ADDRESS **6110 POWERS AVENUE, SUITE 13**
 CITY-ST-ZIP **JACKSONVILLE FL 32217**

☐ Delete

TITLE
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 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **ST**
 NAME **HARRIS, ANTONIO**
 STREET ADDRESS **6110 POWERS AVENUE, SUITE 13**
 CITY-ST-ZIP **JACKSONVILLE FL 32217**

☐ Delete

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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:

Galyn Smith

GALYN Smith

4/16/01

904-388-2530

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)