

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 23, 2001 8:00 am
Secretary of State

05-23-2001 91005 010 ***150.00

DOCUMENT # P99000067392

1. Entity Name:

Elite Designs + Accessories, Inc.

Principal Place of Business

*403 West Kennedy Blvd.
Eatonville, Fla. Suite 3
32810*

Mailing Address

*403 West Kennedy Blvd
Orlando, Fla. Suite 3
32810*

2. Principal Place of Business

*403 West Kennedy Blvd
Suite, Apt. #, etc.
Eatonville Suite 3*

3. Mailing Address

*403 West Kennedy Blvd
Suite, Apt. #, etc.
Suite 3*

City & State

Eatonville, Fla.

City & State

Eatonville, Fla.

4. FEI Number

59-3599988

Applied For

Not Applicable

Zip

32810

Country

Orange

Zip

32810

Country

Orange

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

Name

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

City

FL

Zip Code

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!
After MAY 1, 2001
Make Check Payable

FEE IS \$150.00
Fee will be \$550.00
to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete

*President
Betty Campbell-McCrery
3906 Ocita Drive
Orlando, Fla. 32837*

TITLE ☐ Delete

*Vice President
John McCrery
3906 Ocita Drive
Orlando, Fla. 32837*

TITLE ☐ Delete

*Owner
Melanie Moody
3906 Ocita Drive
Orlando, Fla. 32837*

TITLE ☐ Delete

*NAME
STREET ADDRESS
CITY-ST-ZIP*

TITLE ☐ Delete

*NAME
STREET ADDRESS
CITY-ST-ZIP*

TITLE ☐ Delete

*NAME
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

*NAME
STREET ADDRESS
CITY-ST-ZIP*

TITLE ☐ Change ☐ Addition

*NAME
STREET ADDRESS
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: *Betty Campbell-McCrery* *Betty Campbell-McCrery* 4/25/01 (407)659-0344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Date Daytime Phone #

CR2E034 (11/00)