

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90080 004 \*\*\*158.75

**DOCUMENT # P99000079833**

1. Entity Name  
**ELLSWORTH RESIDENTIAL CONSTRUCTION, INC.**

Principal Place of Business

**7620 SW 3RD PLACE  
 GAINESVILLE FL 32607**

Mailing Address

**7620 SW 3RD PLACE  
 GAINESVILLE FL 32607**

2. Principal Place of Business

**7257 SW 4th Blvd  
 Suite, Apt. #, etc. # 205  
 Gainesville FL**

3. Mailing Address

**7257 SW 4th Blvd  
 Suite, Apt. #, etc. # 205  
 Gainesville FL**

City & State

**Gainesville FL**

City & State

**Gainesville FL**

4. FEI Number

**59-3600886**

Applied For

Not Applicable

Zip

**32607**

Country

**USA**

Zip

**32607**

Country

**USA**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ELLSWORTH, MICHAEL B  
 7620 SW 3RD PLACE  
 GAINESVILLE FL 32607**

7. Name and Address of New Registered Agent

Name

**Ellsworth, Michael B  
 Street Address (P.O. Box Number is Not Acceptable)  
 7257 SW 4th Blvd # 135  
 Gainesville FL  
 City Gainesville FL Zip Code 32607**

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>ELLSWORTH, MICHAEL B</b>	
STREET ADDRESS	<b>7620 SW 3RD PLACE</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32607</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Owner	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Ellsworth, Michael B</b>	
STREET ADDRESS	<b>701 SW 62nd Blvd # 135</b>	
CITY-ST-ZIP	<b>Gainesville FL 32607</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 the 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 and all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/19/2001 (352) 284-5206**

CR2E034 (10/00)