

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

03-29-2002 91388 045 \*\*\*150.00

**DOCUMENT # P99000088194**

**1. Entity Name**  
**GARRETT-ELLERBE ENTERPRISES, INC.**

**Principal Place of Business**  
**5631 PINE HOLLOW TRAIL**  
**OVEDO FL 32765**

**Mailing Address**  
**P.O. BOX 571**  
**GOLDENROD FL 32733**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**

**59-3614144**

Applied For

Not Applicable

Zip

Country

Zip

Country

**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**

**ELLERBE, TERI**  
**2288 PEBBLEWOOD DRIVE**  
**APOPKA FL 32703**

Name **ROBERTA GARRETT**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5631 PINE HOLLOW TRAIL**  
**OVEDO,**  
 City **FL** Zip Code **32765**

**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** *Roberta Garrett*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*3/18/02*

**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, 2002 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 ☐ Delete  
 NAME **D GARRETT, ROBERTA**  
 STREET ADDRESS **P.O. BOX 571**  
 CITY-ST-ZIP **GOLDENROD FL 32733**

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

TITLE ☒ Delete  
 NAME **D ELLERBE, TERI**  
 STREET ADDRESS **2288 PEBBLEWOOD DRIVE**  
 CITY-ST-ZIP **APOPKA FL 32703**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:**

*Roberta Garrett*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*3/18/02*

*(407)365-8400*

CR2E034 (9/01)