

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90030 047 ***150.00

DOCUMENT # P99000106490

1. Entity Name
ELITE FLYING & MANAGEMENT SERVICES, INC.

Principal Place of Business Mailing Address
~~2304 FRITZKE ROAD~~ **2304 FRITZKE RD.** P O BOX 308
 DOVER FL 33527 PLANT CITY FL 33564
 US

2. Principal Place of Business 3. Mailing Address
2304 Fritzke Rd
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3613418** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

COXE, GARY J
1306B #4 W RISK ST
PLANT CITY FL 33566

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	P						
	<input type="checkbox"/> Delete				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
	COYE, GARY J	1306 B.W. RISK ST. #4	PLANT CITY FL 33566		COXE, Gary J.		
	<input type="checkbox"/> Delete				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
	VST				COXE, Jane T.		
	<input type="checkbox"/> Delete						
	COYE, JANCE T	1306 B.W. RISK ST #4	PLANT-CITY-FL-33566				
	<input type="checkbox"/> Delete						
	<input type="checkbox"/> Delete						
	<input type="checkbox"/> Delete						
	<input type="checkbox"/> Delete						

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: *Gary Cox* **Gary Cox** Date: **2/1/01** Daytime Phone #: **813-986-4279**

CR2E034 (10/00)