

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91263 035 ***150.00

DOCUMENT # S98291

1. Entity Name

ELITE INFORMATION SERVICES, INC.

Principal Place of Business

**2021 ART MUSEUM DR
 SUITE 110
 JACKSONVILLE FL 32207**

Mailing Address

**2021 ART MUSEUM DR
 SUITE 110
 JACKSONVILLE FL 32207**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3096881**

Applied For

Not Applicable

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

**THOMAS, FRED
 2256 INWOOD CR. SOUTH
 JACKSONVILLE-FL 32211**

Name

Mr. Fred Thomas

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

2021 Art Museum Dr. Ste# 110

City

Jacksonville

FL

Zip Code
32207

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, 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 NAME	PD THOMAS, FRED	<input type="checkbox"/> Delete
STREET ADDRESS	2256 INWOOD CR. SOUTH	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE NAME	VST CLARK-GREEN, CHERYL A	<input type="checkbox"/> Delete
STREET ADDRESS	716 OAKS PLANTATION DR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE NAME	D CLARK-GREEN, CHERYL A	<input type="checkbox"/> Delete
STREET ADDRESS	716 OAKS PLANTATION DR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/2002 904-398-9912
 Date Daytime Phone #

CR2E034 (9/01)