2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2003 8:00 am
Secretary of State
04-28-2003 90123 010 ***150.00

55041099

DOCUMENT # P02000089529

1. Entity Name
ELITE RECORDS SERVICE CENTERS, INC.

Principal Place of Business	Mailing Address
~~3643 5TH AVENUE NORTH~~	P. O. BOX 7994
~~ST. PETERSBURG FL 33713~~	ST. PETERSBURG FL 33734
US	US

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
3220 122ND AVE N	
Suite, Apt. #, etc.: Unit 1	Suite, Apt. #, etc.:
City & State: St. Petersburg FL	City & State:
Zip: 33716 Country: US	Zip: Country:

4. FEI Number: 32-0037733 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIGNER, MENTA S
~~3643 5TH AVENUE NORTH~~
~~ST. PETERSBURG FL 33713~~

7. Name and Address of New Registered Agent

Name: Menta S. Spigner
Street Address (P.O. Box Number is Not Acceptable): 3220 122ND AVE N
Unit 1
City: St. Petersburg 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Menta S. Spigner DATE 1/10/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PRESIDENT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Menta S. Spigner	NAME	
STREET ADDRESS	3320 122ND AVE N Unit 1	STREET ADDRESS	
CITY-ST-ZIP	St Petersburg FL 33716	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELITE RECORDS Menta S. Spigner 1/10/03 (727) 573-7677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #