2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P97000091770

FILED
May 17, 2000 8:00 am
Secretary of State

04-22-2000 90093 001 ***150.00

1. Entity Name

ELLIOTT INDUSTRIES, INC.

Principal Place of Business	Mailing Address
435 GULFSTREAM AVE S. STE 706 SARASOTA FL 34243	435 GULFSTREAM AVE S. STE 706 SARASOTA FL 34236-6701

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
435 GULFSTREAM AV. S.	435 GULFSTREAM AVE S.
Suite, Apt. #, etc.: STE #303	Suite, Apt. #, etc.: STE# 303
City & State: SARASOTA, FL	City & State: SARASOTA, FL
Zip: 34236 Country: USA	Zip: 34236 Country: USA

4. FEI Number 65-0789354 — 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
PROSPERI, MICHEL 435 GULFSTREAM AVE S. STE ~~706~~ 303 SARASOTA FL 34243	Name: PROSPERI, MICHEL Street Address (P.O. Box Number is Not Acceptable): 435 GULFSTREAM AVE S. STE# 303 City: SARASOTA FL FL Zip Code: 34236

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: MICHEL PROSPERI — DATE: 5/12/00

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, 2000 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: D ☐ Delete NAME: PROSPERI, JEANNINE E STREET ADDRESS: %ELLIOTT INDUSTRIES, P O BOX 49434 CITY-ST-ZIP: SARASOTA FL 34230	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE: D ☐ Delete NAME: PROSPERI, MICHEL STREET ADDRESS: %ELLIOTT INDUSTRIES, P O BOX 49434 CITY-ST-ZIP: SARASOTA FL 34230	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
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CR2E034 (9/99)

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.

JEANNINE E. PROSPERI

SIGNATURE: — 5-12-00 — (941) 366-2959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #