

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 409186

1. Entity Name

ELICO, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90226 031 ***150.00

Principal Place of Business

Mailing Address

2411 S. FEDERAL HWY.
SABAL PALM PLAZA
FT PIERCE FL 34982

2411 S. FEDERAL HWY.
SABAL PALM PLAZA
FT PIERCE FL 34982-5921

2. Principal Place of Business

3. Mailing Address

2411 S. Federal Hwy
Suite, Apt. #, etc.

Same
Suite, Apt. #, etc.

City & State

City & State

Fort Pierce FLA

Zip 34982 Country St Lucie

4. FEI Number 59-1418629

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

SNEED, RICHARD D., JR., ESQ.
121 ORANGE AVENUE
FORT PIERCE FL 33450

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

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, 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 PD
NAME ELLWOOD, JANICE
STREET ADDRESS 2411 S FEDERAL HWY
CITY-ST-ZIP FT PIERCE, FL 00000 ☐ Delete

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

TITLE D
NAME CORSAUT, JERRY W.
STREET ADDRESS 2411 FEDERAL HWY
CITY-ST-ZIP FT. PIERCE FL 34982 ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

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

Date

Daytime Phone #

4-7-00 561 461-2703

CR2E034 (9/99)