

FILED
Apr 24, 2000 8:00 am
Secretary of State

01-22-2000 90007 021 ***150.00

DOCUMENT # 604555

1. Entity Name

ANTHONY L. ELIA, INC.

Principal Place of Business

4691 N UNIVERSITY DR
 SUITE 396
 CORAL SPRINGS FL 33067
 US

Mailing Address

4691 N UNIVERSITY DR
 SUITE 396
 CORAL SPRINGS FL 33067-4620
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

4410 STAR RANCH RD.

Suite, Apt. #, etc.

4410 STAR RANCH RD.

City & State

COLORADO SPRINGS, CO.

City & State

COLORADO SPRINGS, CO.

Zip

80906

Country

USA

Zip

80906

Country

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELIA, ANTHONY L

4691 N UNIVERSITY DR, SUITE 396
 CORAL SPRINGS FL 33067

627 LAKE POINT LN. NO
 DEER FIELD BCH, FLA.
 33442

Name

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

4410 STAR RANCH RD.
 COLORADO SPRINGS, CO.

City

FL

Zip Code 80906

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
 901-Tax filing requirement and elects to do so.
 903-(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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ELIA, ANTHONY L 4691 N UNIVERSITY DRIVE SUITE 396 CORAL SPRINGS FL 33067	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 4410 STAR RANCH RD. COLORADO SPRINGS, CO. 80906
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 #

CR2E034 (9/99)