

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90360 028 ***150.00

DOCUMENT # 678259

1. Entity Name
ELSTON'S, INC.



Principal Place of Business
**4861 62ND AVE NORTH
PINELLAS PARK FL 33781
US**

Mailing Address
**4861 62ND AVE NORTH
PINELLAS PARK FL 34665
US**



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 **59-1960699**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ELSTON, FRANK J.
4717-10TH AVENUE NORTH
ST. PETERSBURG FL 33713**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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 **PD** ☐ Delete
NAME **CORBETT, LORELIE M.**
STREET ADDRESS **3727-45TH WAY NORTH-**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE ☒ Change ☐ Addition
NAME **6020 21st AVE. N.**
STREET ADDRESS **ST. PETERSBURG, FL 33710**
CITY-ST-ZIP

TITLE **VD** ☒ Delete
NAME **AUTY, MICHEAL**
STREET ADDRESS **11320 117TH AVE**
CITY-ST-ZIP **SEMINOLE FL 33772**

TITLE **VD** ☒ Change ☒ Addition
NAME **JAMES ALLISON**
STREET ADDRESS **4411 19th ST. N.**
CITY-ST-ZIP **ST. PETERSBURG, FL 33714**

TITLE **SD** ☐ Delete
NAME **HALE, FRED H.**
STREET ADDRESS **5650 PARK BLVD SUITE 1**
CITY-ST-ZIP **PINELLAS PARK FL 33781**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: LORELIE M. CORBETT PRESIDENT 4/10/03 727-527-7929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0500830
AV

CR2E034 (10/02)