

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 05, 2001 8:00 am**  
**Secretary of State**

04-05-2001 90082 004 \*\*\*150.00

**DOCUMENT # H41005**

1. Entity Name

**ELLIS & PAIGE, INC.**

Principal Place of Business

**3030 N. ROCKY POINT DR. W.  
 SUITE 280  
 TAMPA FL 33607**

Mailing Address

**3030 N. ROCKY POINT DR. W.  
 SUITE 280  
 TAMPA FL 33607**

2. Principal Place of Business

**1 N. Dale Mabry Hwy  
 Suite, Apt. #, etc.  
 1110**

3. Mailing Address

**1 N. Dale Mabry Hwy.  
 Suite, Apt. #, etc.  
 1110**

City & State

**Tampa FL**

City & State

**Tampa FL**

Zip

**33609**

Country

**USA**

Zip

**33609**

Country

**USA**

4. FEI Number

**59-2491950**

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

**ELLIS JR., HOWARD W.  
 1035 BILTMORE PL  
 LAKELAND FL 33801**

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, 2001 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 ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DP  
 ELLIS JR., HOWARD W.  
 ONE NORTH DALE MABRY HIGHWAY, SUITE 1110  
 TAMPA FL 33609**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DVST  
 PAIGE, MARY JO  
 ONE NORTH DALE MABRY HIGHWAY, SUITE 1110  
 TAMPA FL 33609**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

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 I am empowered.

SIGNATURE:

**Howard W. Ellis Jr.**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Howard W. Ellis**  
 PRES.

Date

**4.3.01**

Daytime Phone #

**813-281-0477**

CR2E034 (10/00)