

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90116 010 ***150.00

DOCUMENT # J03139

1. Entity Name
ELWILL SAVAGE, INC.



Principal Place of Business
**319 MONROE DRIVE
WEST PALM BEACH FL 33405
US**

Mailing Address
**319 MONROE DRIVE
WEST PALM BEACH FL 33405
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 **58-1711292**

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

**VEGOSEN, DEAN
BOOSE CASEY CIKLIN.
515 N. FLAGLER DR., SUITE 19
WEST PALM BEACH FL 33401**

Name

Abraham M. MORA

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

777 S. Flagler DR.

West Tower, Suite 900

City

West Palm Beach FL

Zip Code

33401

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 **Abraham M. Mora**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/03

**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 ☐ Delete
NAME **PSD**
STREET ADDRESS **SLATER, TIM**
CITY-ST-ZIP **319 MONROE DRIVE
WEST PALM BEACH FL**

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

TITLE ☒ Delete
NAME **V**
STREET ADDRESS **VEGOSEN, DEAN**
CITY-ST-ZIP **515 N. FLAGLER SUITE 19
WEST PALM BEACH FL 33401**

TITLE ☒ Change ☐ Addition
NAME **VP**
STREET ADDRESS **TIM SLATER**
CITY-ST-ZIP **319 MONROE DR.
WEST PALM BEACH FL 33401**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **STUMP, MITCHELL**
CITY-ST-ZIP **26 PRINCEWOOD LANE
PALM BEACH FL 33410**

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

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED IS LATER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Pres. 561200021
4/28/03**

CR2E034 (10/02)