

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

0018717

DOCUMENT # L01000017214

1. Entity Name

SAO ELITE LOCATIONS TRUST, LLC

02-05-2002 90059 036 ****50.00

Principal Place of Business

**11005 N. DALE MABRY HWY.
TAMPA FL 33618**

Mailing Address

**11005 N. DALE MABRY HWY.
TAMPA FL 33618**

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

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ANGELO, CHRISTOPHER CPA
11005 N. DALE MABRY HWY.
TAMPA FL 33618**

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **Managing Member** ☐ Delete
NAME **John Olin**
STREET ADDRESS **11005 N. Dale Mabry Hwy**
CITY-ST-ZIP **Tampa FL 33618**

TITLE **Managing Member** ☐ Delete
NAME **Vincent Semola**
STREET ADDRESS **11005 N. Dale Mabry Hwy**
CITY-ST-ZIP **Tampa FL 33618**

TITLE **Managing Member** ☐ Delete
NAME **Christopher Angelo**
STREET ADDRESS **11005 N. Dale Mabry Hwy**
CITY-ST-ZIP **Tampa, FL 33618**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

Christopher Angelo, CPA

1/29/02

(813) 960-0989

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)