

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0034748

DOCUMENT # L01000017214

1. Entity Name

SAO ELITE LOCATIONS TRUST, LLC



FILED
03 APR 29 PM 5:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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 Florida Department of State
Due By May 1, 2003

800015743368
04/01/03--01012--007 **300.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME ULIN, JOHN
STREET ADDRESS 11005 N DALE MARBY HWY
CITY-ST-ZIP TAMPA FL 32618

TITLE NAME ☒ Change ☐ Addition
NAME OLIN, JOHN
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME SENOLA, VINA
STREET ADDRESS 11005 N DALE MABY HWY
CITY-ST-ZIP TAMPA FL 33618

TITLE NAME ☒ Change ☐ Addition
NAME SEMOLA, VINCENT
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME ANGELO, CHRISTOPHER
STREET ADDRESS 11005 N DALE MARBY HWY
CITY-ST-ZIP TAMPA FL 33618

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ 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

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

Date

Daytime Phone #

4/23/02 (j) 268-7215

CR2E083 (10/02)