

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L-512591**
 1. Entity Name **ELLIOTT & OLIVER INC**
DBA EDUCATIONAL TRAINING CENTER

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 DEC -3 PM 4:45

Principal Place of Business Mailing Address
3301 3RD AVENUE SUITE B
ST PETERSBURG FL 33713

2. Principal Place of Business 3. Mailing Address
3301 3RD AVE N
 Suite, Apt. #, etc. Suite, Apt. #, etc.
B

DO NOT WRITE IN THIS SPACE

City & State City & State
ST PETERSBURG FL
 Zip Country Zip Country
33604

4. FEI Number Applied For
59-3001959
 Not Applicable
 5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BARRADA W. ELLIOTT
4250 GOLF CLUB LN
TAMPA FL 33624

7. Name and Address of New Registered Agent
 Name **GLORIA N OLIVER**
 Street Address (P.O. Box Number is Not Acceptable) **4250 GOLF CLUB LN**
 City **TAMPA** FL Zip Code **33624**

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 **GLORIA N. OLIVER V. PRES.** *Glora N. Oliver* 11/20/01
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete PRESIDENT BARRADA W. ELLIOTT 4250 GOLF CLUB LN TAMPA FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete V. PRES GLORIA N. OLIVER 4250 GOLF CLUB LN TAMPA FL 33713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000004719550--8 -12/11/01--01080--023 ****158.75 ****158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 like empowered.

SIGNATURE: *Glora N. Oliver* 121 333 3466
 9-1-01

CR2E034 (11/00)