

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State
 03-27-2001 90033 025 ***150.00

0630019

DOCUMENT # L65624

1. Entity Name
ELITE ENTERTAINMENT, INC.

Principal Place of Business

3701 STATE RD
 6
 OLDSMAR FL 34677
 US

Mailing Address

3701 STATE RD
 6
 OLDSMAR FL 34677
 US

133410



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3701 STATE RD. 580

3. Mailing Address

3701 ST. RD. 580

Suite, Apt. #, etc.

D

Suite, Apt. #, etc.

D

City & State

OLDSMAR FL

City & State

OLDSMAR FL

4. FEI Number 59-3016044

Applied For
 Not Applicable

Zip

34677

Country

US

Zip

34677

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GAWEL, ROBERT JOHN
 231 DOUGLAS RD STE 6
 OLDSMAR FL 34677

7. Name and Address of New Registered Agent

Name ADAM M. SORENSON

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

3701 STATE ROAD 580 Suite D

City OLDSMAR

FL

Zip Code 34677

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 _____ (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 ☒ Delete
 PST GAWEL, ROBERT J
 STREET ADDRESS 102 ST IVES
 CITY-ST-ZIP PALM HARBOR FL 34684

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☒ Change ☐ Addition
 PRESIDENT ADAM SORENSON
 STREET ADDRESS 3912 DREW ST. #337
 CITY-ST-ZIP CLEARWATER, FL 33759 } NEW OWNER

TITLE NAME ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE NAME ☐ Delete
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 CITY-ST-ZIP

TITLE NAME ☐ 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 like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/01
 Date

813-854-4845
 Daytime Phone #

CR2E034 (10/00)