

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L86832

1. Entity Name

ELLIS BROS. SOUTH, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90177 026 ***150.00

Principal Place of Business

Mailing Address

3316 HENDERSON BLVD
TAMPA FL 33609
US

4019 BELL GRANDE DR.
VALRICO FL 33594-7006

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 **59-3015945**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELLIS, ROBERT C.
4019 BELL GRANDE DR.
VALRICO FL 33594

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPT	<input type="checkbox"/> Delete
NAME	ELLIS, ROBERT C.	
STREET ADDRESS	4019 BELL GRANDE DRIVE	
CITY-ST-ZIP	VALRICO FL	
TITLE	DEV	<input type="checkbox"/> Delete
NAME	ELLIS, ROBERT M	
STREET ADDRESS	37 ELLIS AVE	
CITY-ST-ZIP	SPRINGVILLE NY	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	ELLIS, VIRGINIA A	
STREET ADDRESS	37. ELLIS AVE	
CITY-ST-ZIP	SPRINGVILLE NY	
TITLE	DS	<input type="checkbox"/> Delete
NAME	ELLIS, SYLVIA L	
STREET ADDRESS	4019 BELL GRANDE DR	
CITY-ST-ZIP	VALRICO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Robert C. Ellis **ROBERT C. ELLIS** **President** **4/15/00** **813 230 2170**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)