## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

000007921 ELLAS, INC.			
Mailing Address P.O. BOX 2121 OLDSMAR FL 34671			
	Mailing Address P.O. BOX 2121	Mailing Address P.O. BOX 2121	

FILED Aug 25, 2003 8:00 am Secretary of State

08-25-2003 90095 017 \*\*\*\*61.25

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Principal Pla	ce of Business	Mailing Address							
2340 MAIN ST		P.O. BOX 2121							
E	E. 46700	OLDSMAR FL 3467	1		·				
CLEARWATER	FL 33/63				L 1 <b>89</b> (31 <b>0</b> ) <b>8</b> 13 <b>86</b> (4)	BONG BUILD BOARD BOULD BONG H		<b>18</b> 1   18 <b>8</b> 1   1881	
2. Principal I	Place of Business	3. Mailing Address			† ( <b>188</b> )(( <b>4) 8</b> )(( <b>8</b> )(				
Suite, Apt	t. #, etc.	Suite, Apt. #,	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
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City & Sta	ite	City & State	City & State		4. FEI Number 59-	3684388	<b>———</b>	pplied For ot Applicable	
Zip	Country	Zip	Co	ountry	- 5. Certificate of State	us Desired 🗀 =	-\$8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent	<del></del>		7. Name and Addre	ss of New Registered			
				Name					
	ROBINSON, BRETT 2703 WOODHAVEN CT			Street Add	dress (P.O. Box Number is No	t Acceptable)			
	ATER FL 33761						·· <del>···</del>		
				City		F	Zip Cod	e	
	e named entity submits this statement for			<u> </u>		<u> </u>			
	FILE NOW: FEE IS \$61.25		tion Campaign	~ ~	\$5.00 May Be		k Payable		
Atter Sep	tember 10, 2003, min will be \$2	· · · · · · · · · · · · · · · · · · ·	t Fund Contribu	tion.	Added to Fees	Florida Depa	rtment of S	itate	
10.	OFFICERS AND DI		11.	·	ADDITIONS/CHANGES	S TO OFFICERS AND D			
TITLE	PD	☐ Deid					☐ Change	Addition	
NAME	ROBINSON, BRETT		NAI				•		
STREET ADDRESS CITY-ST-ZIP	2100 HOODINGERO		1	EET ADDRESS Y-St-Zip					
TITLE	CLEARWATER FL 33761 VPD	Deli					☐ Change	☐ Addition	
NAME	CLAYTON, JEFF	L Deli	NAM SIS	l l			- Change	☐ Addition (	
STREET ADDRESS	3560 FAIRWAY-FOREST-DR			EET ADDRESS :	والتشفيات وميادي أأراء الأميية ويعجب		ر سيند <del>ون</del>		
CITY-ST-ZIP	PALM HARBOR FL 34685		CIT	Y-ST-ZIP					
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12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachmen

TEWUINED

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP