

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90012 031 ***150.00

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DOCUMENT # P00000076660

1. Entity Name

THE ELEVATION GROUP, INC.

Principal Place of Business

**601 CLEVELAND STREET SUITE 900
 CLEARWATER FL 33755**

Mailing Address

**601 CLEVELAND STREET SUITE 900
 CLEARWATER FL 33755**

2. Principal Place of Business

14 Desoto Place

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Belleair, FL

City & State

Belleair, FL

4. FEI Number

59-3664247

Applied For

Not Applicable

Zip

33756

Country

USA

Zip

33756

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MCADOO, CHRIS
 601 CLEVELAND STREET SUITE 900
 CLEARWATER FL 33755**

7. Name and Address of New Registered Agent

**Christopher McAdoo
 18167 US 19 N. Suite 580
 Clearwater FL 33764**

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 **Christopher E. McAdoo**

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, 2002 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 **P** ☐ Delete
 NAME **MCADOO, SARAH**
 STREET ADDRESS **14 DESOTO PLACE**
 CITY-ST-ZIP **BELLEAIR FL 33756**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 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

Sarah M. McAdoo
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-1-02

Daytime Phone #

727-581-1445

CR2E034 (9/01)