

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90973 046 ***150.00

DOCUMENT # **P00000076660**

1. Entity Name

THE ELEVATION GROUP, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14 DESOTO PLACE

Suite, Apt. #, etc.

3. Mailing Address

SAME

DO NOT WRITE IN THIS SPACE

City & State

BELLEAIR, FL

City & State

FBI Number

59-3664247

Applied For

Not Applicable

33756

PINELLAS

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

SARAH M. MCADOO

14 DESOTO PLACE

BELLEAIR

FL

33756

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

SARAH M. MCADOO/PRESIDENT

SARAH M. MCADOO 4.3.03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P	PRESIDENT
NAME SARAH M. MCADOO	
STREET ADDRESS 14 DESOTO PLACE	
CITY-ST-ZIP BELLEAIR, FL 33756	
TITLE IV	VICE PRESIDENT
NAME CHAD P. FREEMAN	
STREET ADDRESS 519 WILDWOOD WAY ST.A.	
CITY-ST-ZIP CLEARWATER, FL 33756	
TITLE S	SECRETARY
NAME CHRISTOPHER E. MCADOO	
STREET ADDRESS 14 DESOTO PLACE	
CITY-ST-ZIP BELLEAIR, FL 33756	
TITLE T	TREASURER
NAME SARAH M. MCADOO	
STREET ADDRESS 14 DESOTO PLACE	
CITY-ST-ZIP BELLEAIR, FL 33756	
TITLE 	
NAME 	
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CITY-ST-ZIP 	

**DO NOT WRITE
IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 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

4.3.03 727.518.7242

Date

Daytime Phone #

CR2E034B (12/02)