

2001 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 17, 2001 8:00 am
Secretary of State

04-19-2001 90040 020 ***150.00

DOCUMENT # P00000099508

1. Entity Name

ELEGANT AMBIANCE TRAINING ACADEMY, INC.

Principal Place of Business

Mailing Address

PO BOX 771523
 ORLANDO FL 32877-1523

PO BOX 771523
 ORLANDO FL 32877-1523

2. Principal Place of Business

3. Mailing Address

12660 Gettysburg Cir
 Suite, Apt. #, etc.

4301 S. Orange Blossom Tr.
 Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

Zip

32837

Country

USA

Zip

32837

Country

USA

4. FEI Number

593676297

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Valentina Eddy - President
NAME	12660 Gettysburg Cir
STREET ADDRESS	Orlando, FL 32837
CITY-ST-ZIP	
TITLE	Thomas Merrell - Vice President
NAME	6000 Oak Stand St
STREET ADDRESS	Orlando FL 32835
CITY-ST-ZIP	
TITLE	Marcos Rozeigaz - Vice President
NAME	8732 Diera Vista
STREET ADDRESS	apt. # 201 606 Kissimmee
CITY-ST-ZIP	FL 34747
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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)