02-26-2002 90150 044 \*\*\*158.75

## 2002 UNIFORM BUSINESS REPORT (UBR)

P01000054455

1. Entity Name

ELITE TURNKEY SERVICES OF TAMPA, INC.

Principal Place of Business

Mailing Address

**UNIT 714** 

**DOCUMENT #** 

18001 RICHMOND PLACE DRIVE

18001 RICHMOND PLACE DRIVE

**UNIT 714** TAMPA FL 33647

City & State

TAMPA FL 33647

2.	Principal Place of B	Business		100	3. Mailing A	ddress	_	A		
	10999	Del	Prado	Dc. E	45T	10999	Del	Prado Do	Eas	+
	Suite, Apt. #, etc.	-			Suite, Apt	_#, etc.				

DO NOT WRITE IN THIS SPACE

4. FEI Number

3377	'니	usA.	33774	~~~~X	5. (	Certificate of Status Desired	Fee Require			
	6. Name	and Address of Current	Registered Agent		7. Name and Address of New Registered Agent					
343 ALM	& UTRERA ERIA AVENI GABLES FL	ÚE		Street /	Richa 09999 argo	rd C Ground lox Number is Not Acceptable Del frado	FL Zip 30	3774		
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 Registered Agent sonature required when reinstating.  DATE										
Tax filing/r		ible to satisfy its Intangible and elects to do so.	FILE NOW! After May 1, 200 Make Check Payab		550.00	10. Election Campaign Fin Trust Fund Contributio	~ _ <del>~</del>	00 May Be d to Fees		
11.		OFFICERS AND	DIRECTORS	12.	AD	DITIONS/CHANGES TO OFF	· · · · · · · · · · · · · · · · · · ·	S IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GOULD, I 18001 RIG TAMPA F	CHMOND PLACE DRIVI	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Preside Richa 10999 Larg	R 21 27 L-V	X Change €asT	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MES CHMOND PLACE DRIVI L 33647	☐ Delete	TITLE _NAME STREET ADDRESS CITY-ST-ZIP	- A	esident E-Ellis 1 138th LAWE No. 5 FL 33774	Change	☐ Addition		
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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:  SIGNATURE:										