

amendment
2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90416 045 ***150.00

DOCUMENT # P-01000038749
1. Entity Name
Elite Marketing of Tampa Bay

Principal Place of Business **Mailing Address**
3419 Pearson Rd
Valrico, FL, 33594

2. Principal Place of Business **3. Mailing Address**
601 Faulkenburg Rd 601 Faulkenburg Rd
Suite, Apt. #, etc. Suite, Apt. #, etc.
23

City & State **City & State**
Tampa, FL
Zip **Country** **Zip** **Country**
33619 US

4. FEI Number **Applied For**
31-178-1908 ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Lee C. McSherdon Jr.
601 Faulkenburg Rd
Suite #23
Tampa FL, 33619

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	Lee C. McSherdon Jr.	
CITY-ST-ZIP	3419 Pearson Rd Valrico, FL, 33594	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	Registered Agent Lee C. McSherdon Jr.	
CITY-ST-ZIP	3419 Pearson Rd Valrico, FL, 33594	
TITLE	NAME	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	VP David Villa	
CITY-ST-ZIP	3419 Pearson Rd Valrico, FL, 33594	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	President Director Lee C. McSherdon Jr.	
CITY-ST-ZIP	601 Faulkenburg Rd #23 (Address) Tampa, FL, 33619	
TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Registered Agent Lee C. McSherdon Jr.	
CITY-ST-ZIP	601 Faulkenburg Rd #23 (Address) Tampa, FL, 33619	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5/2	
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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] **DATE:** Aug. 01.01 **783-833-8054**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (5/01)