## **FILED** Jul 16, 2002 8:00 am Secretary of State 07-16-2002 90367 034 \*\*\*150.00 2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** P01000068557

1. Entity N	ame						0.10202		100.00
ELY, INC	C.								
	<u> </u>		<del></del>						
Principal Place of Business			Mailing Address			7			
2245 E. FLETCHER AVE.			2245 E. FLETCHER AVE.			*	٠	B-250-6	
TAMPA FL 33812			Mailing Address  2245 E FLETCHER AVE. TAMPA FL 33812  DEPARTMENT OF STAT				ž.		<del>1</del> = *
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0.5-111	100								
2. Principal Place of Business			3. Mailing Address				i izaiseds 196 aniai siais aniit 881ii 801	k marta sarat katar dis	0)
Suite, Apt. #, etc.			Suite, Apt. #, etc.			·			
			35.10, 7.151. 11, 610.				DO NOT WRITE IN THIS SPACE		
City & State			City & State			4.	FEI Number		Applied For
						5	9-3729508		Not Applicable
Zip Country		Country	Zip Cou		ntry	- 1	Certificate of Status Desired	\$8.75 A	dditional
	6. Name	and Address of Current Re	edistared Acent			L	<u> </u>	Fee Requi	red
<del></del>		The residence of outling the	ogistoled Agent	<del>-</del>	Name		Name and Address of New Regist	ered Agent	
EID, ELIE	:								
2245 E. FLETCHER AVE.					Street Addres	Address (P.O. Box Number is Not Acceptable)			
TAMPA FL 33612					·	_		<del></del>	<del></del>
					<u> </u>		<del>-</del>		
					City			FL Zip Co	de
8. The abov	e named entity	y submits this statement for th	he purpose of changing its	registere	ed office or regis	tered ag	gent, or both, in the State of Florida.		
SIGNATURE	Signature typed	or printed name of registered agent and	Isiala Managaran						
		<del></del>			d Agent signature requi	red when n	reinstating)	DATE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  FILE NOW!!!  After May 1, 2002					IS \$150.00		10. Election Campaign Financin	<b>AF</b>	
(See criteria on back)			After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Stat			) Data	Trust Fund Contribution.		00 May Be
11.		OFFICERS AND DI	3	12.	partinent of 3		20/7/04/21/2		
TITLE	Р	OT TOCHOTALD ON	Delete	TITLE		AL	DITIONS/CHANGES TO OFFICERS		
NAME	EID, ELIE		L Desert	NAME				Change	☐ Addition
STREET ADDRESS		ETCHER AVE.			T ADORESS .				
CITY-ST-ZIP	TAMPA FL	33612		CITY-	ST-ZIP				,
TITLE	•		☐ Delete	TITLE			· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
name Street address			•	NAME					
CITY-ST-ZIP			•		T ADORESS				j
IIÎLE			CONTRACTOR OF THE STATE OF THE		ST-ZIP		·		
NAME		<del></del>	☐ Delete	TITLE				:Changa	Addition:
STREET ADDRESS					T ADDRESS	-			
CITY-ST-ZIP				CITY-S	ST-ZIP				
TITLE			☐ Delete	TITLE				☐ Change	☐ Addition
NAME				NAME	ŀ				
STREET ADDRESS City-St-Zip					ADDRESS				ĺ
TITLE				CITY-S	T-ZIP				
AME			Delete	TITLE				☐ Change	Addition
TREET ADDRESS				NAME STREET	ADDRESS				(
HTY-ST-ZIP				CITY-S					1
ITLE		· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE	<del>-  </del>				
AME		ř		NAME				☐ Change	☐ Addition
TREET ADDRESS					AODRESS				1
3. Thereby certify that the information supplied with this filling does not qualify				CITY-SI	r- zip				
<ol><li>I hereby c</li></ol>	ertify that the i	information condition with this	filling does not see 12 to 11				<del></del>		

indicated on this report or supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information 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:

SCHATTER RUCCERUD SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #