

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91785 032 ***150.00

DOCUMENT # P01000108738

1. Entity Name

ELLINGTON GROUP OF FLORIDA, INC.

Principal Place of Business

5618 VINELAND ROAD
 ORLANDO FL 32819

Mailing Address

5618 VINELAND ROAD
 ORLANDO FL 32819

2. Principal Place of Business

7041 GRAND NATIONAL DR

3. Mailing Address

7041 GRAND NATIONAL DR

Suite, Apt. #, etc.

130

Suite, Apt. #, etc.

130

City & State

ORLANDO FLORIDA

City & State

ORLANDO FLORIDA

Zip

Country

32819 U.S.

Zip

Country

32819 U.S.

4. FEI Number

59-3754845

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

UNSWORTH, WILLIAM E
 5618 VINELAND ROAD
 ORLANDO FL 32819

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

William E. Unsworth

4/28/02

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, 2002 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

TITLE	P	<input type="checkbox"/> Delete
NAME	KEELER, ROBIN	
STREET ADDRESS	TML HOUSE, 1A THE ANCHORAGE	
CITY-ST-ZIP	GOSPORT, HAMPSHIRE UK P0121-LY	
TITLE	V	<input type="checkbox"/> Delete
NAME	UNSWORTH, WILLIAM E	
STREET ADDRESS	8401 LOST LAKE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	V	<input type="checkbox"/> Delete
NAME	JOHNSON, AMY P	
STREET ADDRESS	532 PIGEON CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	V	<input type="checkbox"/> Delete
NAME	NEVILLE, MARIA	
STREET ADDRESS	259 LONDON ROAD, PORTSMOUTH	
CITY-ST-ZIP	HAMPSHIRE UK P029H-A	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

William E. Unsworth

4/28/02 407351-3370

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)