

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000114766

1. Entity Name
PRICE & ELBERON, INC.

Principal Place of Business
1510 S. MACDILL AVENUE
TAMPA FL 33629

Mailing Address
1510 S. MACDILL AVENUE
TAMPA FL 33629

2. Principal Place of Business
2101 W. PLATT ST.

3. Mailing Address
SAME

Suite, Apt. #, etc.
#200

Suite, Apt. #, etc.

City & State
TAMPA FLORIDA

City & State

Zip
33606

Country
USA

Zip

Country

4. FEI Number

1101-0691269

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIAZ, JOSEPH L
2522 WEST KENNEDY BLVD.
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name
JOHN LUM
Street Address (P.O. Box Number is Not Acceptable)
2101 W. PLATT ST. #200
City
TAMPA FL Zip Code
33606

8. The above named entity submits the 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, 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 NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ, JOSEPH L 2522 WEST KENNEDY AVE. TAMPA FL 33609	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JOHN LUM 2101 W. PLATT ST. #200 TAMPA FLORIDA 33606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02

8132585478

FILED
Jun 16, 2002 8:00 am
Secretary of State

05-21-2002 91240 024 ***150.00



DO NOT WRITE IN THIS SPACE

CR2034 (9/01)