

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90323 019 ***158.75

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DOCUMENT # P02000057414

1. Entity Name
ELITE LINE SERVICES, INC.



Principal Place of Business
476 SOUTHRIDGE INDUSTRIAL DR
TAVARES FL 32778

Mailing Address
476 SOUTHRIDGE INDUSTRIAL DR
TAVARES FL 32778

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

32-0015713

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

X CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CLASP INC.
3100 TAMiami TR N 4 FLOOR
NAPLES FL 34103

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HARTONG, HENDRIK J JR	
STREET ADDRESS	BRYNWOOD PARTNERS 2 SOUND VIEW DR	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCTAGGART, IAN B	
STREET ADDRESS	BRYNWOOD PARTNERS 2 SOUND VIEW DR	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCABE, JOAN Y	
STREET ADDRESS	BRYNWOOD PARTNERS 2 SOUND VIEW DR	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAJEWSKI, THEODORE J	
STREET ADDRESS	476 SOUTHRIDGE INDUSTRIAL DR	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAJEWSKI, JOHN S	
STREET ADDRESS	476 SOUTHRIDGE INDUSTRIAL DR	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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
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STREET ADDRESS	
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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	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

JOHN S. MAJEWSKI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)