

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90114 016 ***150.00

DOCUMENT # **P02000091473**

1. Entity Name

ELITE INJURY & REHAB CENTER, INC.



Principal Place of Business
**8001 N. DALE MABRY HWY
SUITE 501C
TAMPA FL 33614**

Mailing Address
**8001 N. DALE MABRY HWY
SUITE 501C
TAMPA FL 33614**

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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

48-1272246

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ST. CLAIR, SEAN
8001 N. DALE MABRY HWY
SUITE 501C
TAMPA FL 33614**

7. Name and Address of New Registered Agent

Name **Frank St. Clair**
Street Address (P.O. Box Number is Not Acceptable)
**8001 N. Dale Mabry Highway
Suite 501C**
City **Tampa** FL **33614**

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

Frank St. Clair **FRANK ST. CLAIR Registered Agent** **3-01-03**

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

(NOTE: Registered Agent signature required on 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** ☒ Delete
NAME **ST. CLAIR, SEAN**
STREET ADDRESS **8001 N. DALE MABRY HWY #501C**
CITY-ST-ZIP **TAMPA FL 33614**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **St. Clair, Frank**
STREET ADDRESS **8001 N. Dale Mabry Hwy, Suite 501C**
CITY-ST-ZIP **Tampa, FL 33614**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Frank St. Clair **FRANK ST. CLAIR** **3-01-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-955-3353

CR2E034 (10/02)