

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90436 001 ***400.00
05-07-2003 90436 002 ***150.00

0508809
AV

DOCUMENT # P02000113069

1. Entity Name
ELITE CONCIERGE OF TAMPA BAY INC.



Principal Place of Business
**40 RANDALL CT
OLDSMAR FL 34677**

Mailing Address
**40 RANDALL CT
OLDSMAR FL 34677**

55038619



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

05-0537425

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**AVRIL, JOHN
1875 BELCHER RD N #201
CLEARWATER FL 33765**

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 **P** ☐ Delete
NAME **BAZZONE, DEBBIE**
STREET ADDRESS **40 RANDALL CT**
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE **V** ☐ Delete
NAME **AVRIL, TERI**
STREET ADDRESS **30 RANDALL CT**
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE **S** ☐ Delete
NAME **REPLOGLIE, SANDI**
STREET ADDRESS **4908 AUGUSTA AVE**
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE **T** ☐ Delete
NAME **GIANELLI, SUSAN**
STREET ADDRESS **380 HOLLY HILL RD**
CITY-ST-ZIP **OLDSMAR FL 34677**

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

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

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-03

727-781-6881

CR2E034 (10/02)