

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2003 8:00 am**  
**Secretary of State**  
05-07-2003 90162 045 \*\*\*150.00

0449255 AV

**DOCUMENT # P02000121293**

1. Entity Name  
**ELVITA, INC.**



Principal Place of Business  
**2317 LYNCREST COURT  
VALRICO FL 33594**

Mailing Address  
**2317 LYNCREST COURT  
VALRICO FL 33594**



2. Principal Place of Business  
**1605 Palace Ct**  
Suite, Apt. #, etc.

3. Mailing Address  
**1605 Palace Ct**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Valrico FL**  
Zip  
**33594**  
Country

City & State  
**Valrico FL**  
Zip  
**33594**  
Country

4. FEI Number  
**32-0040975**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**KONYAEVA, INNA  
2317 LYNCREST COURT  
VALRICO FL 33594**

**7. Name and Address of New Registered Agent**

Name  
**Konyaeva, Inna**  
Street Address (P.O. Box Number is Not Acceptable)  
**1605 Palace Ct**  
City  
**Valrico** **FL** Zip Code  
**33594**

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 *Inna Konyaeva* (NOTE: Registered Agent signature required when reinstating) DATE **04-30-03**

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD KONYAEVA, INNA 2317 LYNCREST COURT VALRICO FL 33594</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD IATSENKO, NATALYA 1605 PALACE COURT VALRICO FL 33594</b>	<input 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1605 Palace Ct Valrico FL 33594</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Inna Konyaeva* **04-30-03 (813) 503-7410**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

Attachment#

Elvita Inc  
1605 Palace Ct  
Valrico FL 33594

90131656

PO2000121293

To:

Florida Dept. of State

05-05-2003

Dear Sirs,

Our business had moved to the new location, therefore I did not receive this Report form on time. Please do not charge us a late fee.

Sincerely yours,



Inna Konyeva.

President

Elvita Inc