

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90082 047 \*\*\*150.00

DOCUMENT # P05000009201

1. Entity Name

ELEVATOR CAB CONSULTING & DESIGN, INC.



Principal Place of Business

8144 SARATOGA DRIVE SUITE 2104  
NAPLES FL 34113

Mailing Address

8144 SARATOGA DRIVE SUITE 2104  
NAPLES FL 34113

6630 BEACH RESORT DR #14  
NAPLES FL 34114

6630 BEACH RESORT DR #14  
NAPLES FL 34114



2. Principal Place of Business

6630 BEACH RESORT DR

3. Mailing Address

6630 BEACH

Suite, Apt. #, etc.

# 14

Suite, Apt. #, etc.

# 14

1st MOORE

CR2E034 (10/05)

City & State

NAPLES

City & State

NAPLES

4. FEI Number

11-3740019

Applied For

Not Applicable

Zip

34114

Country

Collier

Zip

34114

Country

Collier

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145

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, 2006 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 PSTD ☐ Delete  
NAME TZIVELIS, PETER  
STREET ADDRESS 8144 SARATOGA DRIVE SUITE 2104  
CITY-ST-ZIP NAPLES FL 34113

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 PRES ☒ Change ☐ Addition  
NAME PETER TZIVELIS  
STREET ADDRESS 6630 BEACH RESORT DR #14  
CITY-ST-ZIP NAPLES FL 34114

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

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

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 exemptions contained in Section 119, 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

239.  
2.15.2006 775.0664

Date

Daytime Phone #