

FILED  
Mar 03, 2003 8:00 am  
Secretary of State

02-05-2003 90125 034 \*\*\*150.00

2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000076643

1. Entity Name  
ELLIS ENTERPRISES CONSTRUCTION & DEVELOPMENT, IN  
C.



Principal Place of Business  
4500 N TAMiami TRAIL  
SARASOTA FL 34234

Mailing Address  
4500 N TAMiami TRAIL  
SARASOTA FL 34234

2. Principal Place of Business

3. Mailing Address

3232 N. Tamiami Trl

Suite, Apt. #, etc.

Suite, Apt. #, etc.

B

City & State

City & State

Sarasota, FL

Zip

Country

Zip

Country

34234 Sarasota

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0447135

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELLIS, NICK V JR  
4500 N TAMiami TRAIL  
SARASOTA FL 34234

Name

Ellis Enterprise Construction & Development Inc

Street Address (P.O. Box Number is Not Acceptable)

3232 North Tamiami Trl

Bldg B

City

Sarasota

FL

Zip Code

34234

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
ELLIS, NICK V JR  
4500 N TAMiami TRAIL  
SARASOTA FL 34234 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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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

Nick V. Ellis  
President

Date

Daytime Phone #

23 03 9413557175

CR2E034 (10/02)