

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000031787

1. Entity Name

ELLIOTT SERVICES CORPORATION

**FILED**  
**Feb 10, 2000 8:00 am**  
**Secretary of State**

02-10-2000 90050 014 \*\*\*150.00

Principal Place of Business

Mailing Address

6257 107TH AVENUE NORTH  
PINELLAS PARK FL 33782  
US

6220 99TH CIRCLE N  
PINELLAS PARK FL 33625-5500  
US

2. Principal Place of Business

3. Mailing Address

15016 Shaw Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa, FL

4. FEI Number 59-3376490

Applied For

Not Applicable

Zip

Country

Zip

Country

33605 Hills

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

ELLIOTT, TIMOTHY S  
6257 107TH AVENUE NORTH  
PINELLAS PARK FL 33782

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.

SIGNATURE *Timothy S. Elliott*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ELLIOTT, TIMOTHY S 6257 107TH AVENUE NORTH PINELLAS PARK FL 33782	<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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Timothy S. Elliott*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)