2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 01, 2001 8:00 am Secretary of State DOCUMENT # **P96000092927** 1. Entity Name ELLIOTT SLEIGHT, INC. 05-01-2001 90054 044 ***150.00 Principal Place of Business Mailing Address 8830 S TAMIAMI TRL 8830 S TAMIAMI TRL 120 120 SARASOTA FL 34238 SARASOTA FL 34238 US US 2. Principal Place of Business 3. Mailing Address Suite An: # etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0708486 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARRELL, DONALD J Street Address (P.O. Box Number is Not Acceptable) 1776 RINGLING BLVD SARASOTA FL 34236 Zip Code City 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 Flor da. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 11. 12. []] Addition THUE ☐ Delete TITLE SLEIGHT, RENGE 543 OAK BAY DR. SLEIGHT, RENEE NAME NAME STREET ACCRESS STREET ADDRESS 1640 COLLEEN ST CITY-ST-7IP CITY-ST-ZIP SARASOTA FL TITLE ☐ Delete TITLE Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-Z.P TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7:P TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY SE-ZIP CITY - ST-7/E TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby 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 eath; 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

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SFREET ADDRESS

CITY-ST-ZIP

ME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4/25/2001 941 918-8888

Change

Adaltion