

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000018170

1. Entity Name

ELLISTON GROUP, INC.

R

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90017 039 ***150.00

Principal Place of Business

9019 MISTY CREEK DR
SARASOTA FL 34241
US

Mailing Address

9019 MISTY CREEK DR
SARASOTA FL 34241
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0728816

Applied For

Not Applicable

Zip

Country

Zip

Country

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

VOIGT, STEPHEN F PA
2414 BEE RIDGE ROAD
SARASOTA FL 34239

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
ELLISTON, STEPHEN M
9019 MISTY CREEK
SARASOTA FL 34241 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

Stephen M. Elliston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept 9 2000 *(941)*
Date Daytime Phone # 923-7800

CR2E034 (5/00)

attachment
pg 7000018110
B0106012

September 6, 2000

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL
32314

Dear Sir/Madam,

Further to my telephone conversation with your office earlier today, I was advised to submit in writing this request to waive the penalty for this late filing of our Uniform Business Report.

My company is a small consulting firm that prides itself in paying its fees and expenditures well ahead of the date they are due. In this case we never received the original document which presumably was sent to us back in January.

Your consideration of our request is greatly appreciated.

Sincerely,



Stephen M. Elliston
President
Elliston Group Inc.

Encl.: \$150 filing fee