

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90224 036 ***150.00

DOCUMENT # **P97000070231**



1. Entity Name
ELITE TRAVEL MANAGEMENT GROUP, INC.

Principal Place of Business
**110 PARK AVENUE
TARPON SPRINGS FL 34689**

Mailing Address
**110 PARK AVENUE
TARPON SPRINGS FL 34689**



2. Principal Place of Business
2451 McMullen Booth Rd.

3. Mailing Address

Suite, Apt. #, etc.
300-B

Suite, Apt. #, etc.

City & State
Clearwater, FL

City & State
FL

Zip
33759

Country
USA

Zip

Country

4. FEI Number **59-3470622**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLANNER, WALTER W
2708 ALT. 19 NORTH
SUITE 701
PALM HARBOR FL 34683**

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, 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
**DPST
LEVENT-EHRHARDT, TAMMY
110 PARK AVENUE
TARPON SPRINGS FL 34689** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Timmy Levent-Ehrhardt
2451 McMullen Booth Rd Suite 300-B
Clearwater, FL 33759** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
EHRHARDT, ERIC
110 PARK AVE
TARPON SPGS FL 34689** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)