

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # P97000091770

1. Entity Name

ELLIOTT INDUSTRIES, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

04-22-2000 90093 001 ***150.00

Principal Place of Business

435 GULFSTREAM AVE S.
STE 706
SARASOTA FL 34243

Mailing Address

435 GULFSTREAM AVE S.
STE 706
SARASOTA FL 34236-6701

2. Principal Place of Business

435 GULFSTREAM AVE S.

Suite, Apt. #, etc.

STE # 303

City & State

SARASOTA, FL

Zip

34236

Country

USA

3. Mailing Address

435 GULFSTREAM AVE S.

Suite, Apt. #, etc.

STE # 303

City & State

SARASOTA, FL

Zip

34236

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0789354

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PROSPERI, MICHEL
435 GULFSTREAM AVE S.
STE 303
SARASOTA FL 34243

7. Name and Address of New Registered Agent

Name

PROSPERI, MICHEL

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

435 GULFSTREAM AVE S.

STE # 303

City

SARASOTA

FL

FL

Zip Code

34236

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.

MICHEL PROSPERI

(NOTE: Registered Agent signature required when reinstating)

DATE

5/12/00

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

TITLE ☐ Delete

D
NAME PROSPERI, JEANNINE E
STREET ADDRESS %ELLIOTT INDUSTRIES, P O BOX 49434
CITY-ST-ZIP SARASOTA FL 34230

TITLE ☐ Delete

D
NAME PROSPERI, MICHEL
STREET ADDRESS %ELLIOTT INDUSTRIES, P O BOX 49434
CITY-ST-ZIP SARASOTA FL 34230

TITLE ☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEANNINE E. PROSPERI

5-12-00

(941) 366-2959

Date

Daytime Phone #

CR2E034 (9/99)