

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90103 023 ***150.00

DOCUMENT # P98000030723

1. Entity Name
LARGO BAZAAR, INC.



Principal Place of Business
**20505 US HIGHWAY 19 NORTH SUITE 502
CLEARWATER FL 33764**

Mailing Address
**3001 EXECUTIVE DRIVE
SUITE 250
CLEARWATER FL 33762-5324**

2. Principal Place of Business
3001 Executive DR.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 250

City & State

City & State

Clearwater, FL

Zip

Country

Zip

Country

33762-5324

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3520780**

Applied For

Not Applicable

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

**ROSS, ELLIOTT M
20505 US HIGHWAY 19 NORTH SUITE 502
CLEARWATER FL 33764**

Name

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

3001 Executive Dr., Suite 250

City

Clearwater

FL

Zip Code

33762-5324

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

Elliott M. Ross

3-27-03

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 **PD** ☐ Delete
NAME **TYLER, CRAIG H**
STREET ADDRESS **4625 E. BAY DR.**
CITY-ST-ZIP **CLEARWATER FL 33764**

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

TITLE **STD** ☐ Delete
NAME **ROSS, ELLIOTT M**
STREET ADDRESS **20505 US 19 N # 502**
CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3001 Executive DR., Suite 250**
CITY-ST-ZIP **Clearwater, FL 33762-5324**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

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 like empowered.

SIGNATURE:

Elliott M. Ross

3-27-03

727-725-2800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)