

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR) 2002**

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90115 006 ***150.00

DOCUMENT # P98000073401

1. Entity Name

ROBERT F. ELLIOTT, PA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7782 SNOWBERRY CIR

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO, FLORIDA

City & State

4. FEI Number

59-3528816

Applied For

Not Applicable

Zip

32819

Country

ORANGE

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

ROBERT F. ELLIOTT

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

7782 SNOWBERRY CIR.

City

ORLANDO

FL

Zip Code

32819

**DO NOT WRITE
IN THIS SPACE**

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	President Robert F. Elliott 7782 Snowberry Circle Orlando, FL 328	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Alejandro del Gallego 8015 CANYON LAKE CIRCLE Orlando, FL 32835	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with an other like empowered.

SIGNATURE:

Robert F. Elliott

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/19/02

Date

(407) 298-5118

Daytime Phone #

CR2E034B (12/01)