

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000091384

1. Entity Name

ELIO AUTO, INC.

FILED

Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90454 009 ***150.00

Principal Place of Business

Mailing Address

~~7829 N. 50TH ST.~~
~~TAMPA FL 33617~~

~~7829 N. 50TH ST.~~
~~TAMPA FL 33617~~

2. Principal Place of Business

2001 E Hillsborough

3. Mailing Address

P O Box 17123

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

4. FEI Number

59-3539321

Applied For

Not Applicable

Zip 33610 Country Hillsborough

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

VALDEZ, ELIO
7829 N. 50TH ST.
TAMPA FL 33617

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 \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCFO
NAME VALDEZ, ELIO
STREET ADDRESS 7829 N 50TH ST
CITY-ST-ZIP TAMPA FL 33617

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V
NAME VALDEZ, JACQUELYN
STREET ADDRESS 7829 N 50TH ST
CITY-ST-ZIP TAMPA FL 33617

TITLE
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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 Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

ELIO VALDEZ CEO

3/7/01 813-886-5581

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)