

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90323 004 ***150.00

DOCUMENT # P99000018093

1. Entity Name
ROBERT E. ELLIOTT, INC.

Principal Place of Business
 8910 NORTH DALE MABRY HIGHWAY
 SUITE 12
 TAMPA FL 33614

Mailing Address
 8910 NORTH DALE MABRY HIGHWAY
 SUITE 12
 TAMPA FL 33614

B0100150



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 4302 Beau Rivage
 Suite, Apt. #, etc.

3. Mailing Address
 4302 Beau Rivage
 Suite, Apt. #, etc.

City & State
 Lutz Florida
Zip
 33558
Country
 USA

City & State
 Lutz Florida
Zip
 33558
Country
 USA

4. FEI Number 59-3561618
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ELLIOTT, ROBERT E
 8910 N DALE MABRY HWY
 #12
 TAMPA FL 33614

7. Name and Address of New Registered Agent

Name Robert E Elliott
Street Address (P.O. Box Number is Not Acceptable)
 4302 Beau Rivage
City Lutz Florida **FL** **Zip Code** 33558

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 *Robert E Elliott* **DATE** 4/25/2002
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	PSTD <input type="checkbox"/> Delete
NAME	ELLIOTT, ROBERT E
STREET ADDRESS	8910 NORTH DALE MABRY HIGHWAY
CITY-ST-ZIP	TAMPA FL 33614
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Robert E Elliott <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	4302 Beau Rivage
CITY-ST-ZIP	Lutz Florida 33558
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *Robert E Elliott* **DATE** 4/25/2002 **Daytime Phone #** 813 948 3393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)