2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State
03-04-2000 90114 021 ***150.00

DOCUMENT # P99000036093

1. Entity Name

ELITE DEVELOPMENT SERVICES, INC.

Principal Place of Business	Mailing Address
122 S.E. GRAHAM STREET PORT CHARLOTTE FL 33952	122 S.E. GRAHAM STREET PORT CHARLOTTE FL 33952-9121

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	4108- Perry Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State New Port Richey Fl
Zip 34652 Country USA	Zip 34652. Country

4. FEI Number 65-0853839 ☐ 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
TONITIS, ED 122 S.E. GRAHAM STREET PORT CHARLOTTE FL 33952	Name Street Address (P.O. Box Number is Not Acceptable) 4108 Perry Place City New Port Richey FL Zip Code 34652

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title 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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TONITIS, ED 122 S.E. GRAHAM STREET PORT CHARLOTTE FL 33952	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 4108. Perry Place New Port Richey Fl-34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: Edward D. Tonitis 2/18/2000 727-845-4152
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #