4/25/W·813.645-1206

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

	003 FOR PROFI IFORM BUSINE				FII Apr 30, 20 Secretar	LED 003 8:00	am
DOCU	MENT # P9900	0036093					
1. Entity Nam ELITE DE		/			04-30-2003 901	127 037 ***158.7	5
Principal Place of Business 122 S.E. GRAHAM STREET PORT CHARLOTTE FL 33952		Mailing Address 4108 PERRY PLACE NEW PORT RICHEY FL 34652 US					
2. Principal F 801- Suite, Apt.		3. Mailing Address Sol Chyp Suite, Apt. #, etc.	away A	Qui		•	ELOU 1916 LEGA
City & State	lo Beach.	Colly & State Bear	ek.		4. FEI Number 65-0853839	 	plied For t Applicable
z \3 3	572 Country J. A.	1/ZIP 33572	cours f	7	5. Certificate of Status Desired	\$8.75 Addi Fee Required	
TONITIS, ED 4108 PERRY PLACE NEW PORT RICHEY FL 34652			Name Street Ac	ddress (P.O. Box Number is Not Acceptable) - Chapawy Dr. - Chipawy Dr. - FL Zip Code - 72			
the obligat SIGNATURE : F After	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent ar ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	1 onto State of Another of the original original original original original original original original origina	Registered Agent signatur		4/25/	DATE \$5.00	O May Be to Fees
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D P TONITIS, ED 4108 PERRY PLACE NEW PORT RICHEY FL 34652	IRECTORS Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	80	ADDITIONS/CHANGES TO OFFICE 1. Chifaway Dollo Desch. 33:	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TONITIS, SCOTT 2101 RIVER RIDGE SARASOTA FL 34239	☐ Delete	TITLE NAME STREET ADORESS _CITY-ST-ZIP. ~	223 Sa	ollo Besch. 33: 51. Johan Cru Losola 1 - 342	Change LRD LPD:	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change ·	Addition
TITLE Name Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE Name Street Address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE Name Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition .
indicated	ertify that the information supplied with t on this report or supplemental report is t poration or the receiver or trustee empow	rue and accurate and that my	signature shall ha	ve the sa	ame legal effect as if made under oati	h: that Lam an officer o	or director