

DOCUMENT # P99000056725

1. Entity Name

ELIZABETH MARY CORP.

R

FILED  
Sep 12, 2000 8:00 am  
Secretary of State

02-07-2000 90061 031 \*\*\*150.00

Principal Place of Business

4917 SUWANEE AVENUE  
TAMPA FL 33603

Mailing Address

4917 SUWANEE AVENUE  
TAMPA FL 33603

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

593586976

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

GRAHAM, ELIZABETH M  
4917 SUWANEE AVENUE  
TAMPA FL 33603

7. Name and Address of New Registered Agent

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE NAME ☐ DeletePresident  
Elizabeth Mary Graham  
4917 Suwanee Avenue  
Tampa, FL 33603STREET ADDRESS CITY-ST-ZIP ☐ DeleteTITLE NAME ☐ DeleteSTREET ADDRESS CITY-ST-ZIP ☐ DeleteTITLE NAME ☐ DeleteSTREET ADDRESS CITY-ST-ZIP ☐ DeleteTITLE NAME ☐ DeleteSTREET ADDRESS CITY-ST-ZIP ☐ DeleteTITLE NAME ☐ DeleteSTREET ADDRESS CITY-ST-ZIP ☐ DeleteTITLE NAME ☐ DeleteSTREET ADDRESS CITY-ST-ZIP ☐ DeleteTITLE NAME ☐ DeleteSTREET ADDRESS CITY-ST-ZIP ☐ DeleteTITLE NAME ☐ DeleteSTREET ADDRESS CITY-ST-ZIP ☐ DeleteTITLE NAME ☐ DeleteSTREET ADDRESS CITY-ST-ZIP ☐ DeleteTITLE NAME ☐ DeleteSTREET ADDRESS CITY-ST-ZIP ☐ DeleteTITLE NAME ☐ DeleteSTREET ADDRESS CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ AdditionSTREET ADDRESS CITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME ☐ Change ☐ AdditionSTREET ADDRESS CITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME ☐ Change ☐ AdditionSTREET ADDRESS CITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME ☐ Change ☐ AdditionSTREET ADDRESS CITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME ☐ Change ☐ AdditionSTREET ADDRESS CITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME ☐ Change ☐ AdditionSTREET ADDRESS CITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME ☐ Change ☐ AdditionSTREET ADDRESS CITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME ☐ Change ☐ AdditionSTREET ADDRESS CITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME ☐ Change ☐ AdditionSTREET ADDRESS CITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME ☐ Change ☐ AdditionSTREET ADDRESS CITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME ☐ Change ☐ AdditionSTREET ADDRESS CITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME ☐ Change ☐ AdditionSTREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

July 25, 00

attachment  
P9900056725  
20624

To whom it may concern;

I sent in \$150.00 in Feb. and they sent back my application. I corrected it and have not heard back from them. Now I received a form requiring \$550.00.

Please reinstate my application and please wave my late fees.

If you have any questions feel free to contact me (813) 231-3378.

Sincerely,

Elizabeth M. Graham

Elizabeth Mary Graham  
4917 Suwanee Avenue  
Tampa, FL  
33603