

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000057566

1. Entity Name

A. R. ELLIOT & ASSOCIATES, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90072 013 ***150.00

Principal Place of Business

Mailing Address

5735 IMPERIAL KEY
TAMPA FL 33615

5735 IMPERIAL KEY
TAMPA FL 33615-3506

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

48-094 2647

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELLIOT, ARLISS R
5735 IMPERIAL KEY
TAMPA FL 33615

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 Arless R. Elliot
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/27/00
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, 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	Arless R. Elliot <input type="checkbox"/> Delete President 5735 Imperial Key Tampa, FL 33615	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Arless R. Elliot, P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5735 Imperial Key Tampa, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Charles D. Elliot <input type="checkbox"/> Delete Vice President 5735 Imperial Key Tampa, FL 33615	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Charles D. Elliot VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5735 Imperial Key Tampa, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Debra Jo. Murphy <input type="checkbox"/> Delete Secretary-Treasurer 9102 W. 131st Place Overland Park, KS 66213	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Debra Jo. Murphy T-S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9102 W. 131st Place Overland Park, KS 66213
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Arless R. Elliot
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-818-0557 3/27/00
Daytime Phone #

CR2E034 (9/99)