

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000063644

1. Entity Name

T. ELLIOTT CONSULTING, INC.

FILED
Apr 04, 2001 8:00 am
Secretary of State

03-15-2001 90221 032 ***150.00

Principal Place of Business

312 BEACH ROAD
SARASOTA FL 34242

Mailing Address

312 BEACH ROAD
SARASOTA FL 34242

2. Principal Place of Business

6481 TAEDA DRIVE

3. Mailing Address

6481 TAEDA DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

SARASOTA FL

4. FEI Number

65-0937116

Applied For

Not Applicable

Zip

34241

Country

Zip

34241

Country

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

6. Name and Address of Current Registered Agent

TYLER, THOMAS C
7820 S. HOLIDAY DRIVE
SUITE 250
SARASOTA FL 34231

7. Name and Address of New Registered Agent

Name TOM ELLIOTT
Street Address (P.O. Box Number is Not Acceptable)
6481 TAEDA DRIVE
City SARASOTA FL Zip Code 34241

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

Tom Elliott

3-27-2001

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 \$150.00

After MAY 1, 2001 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

TITLE D
NAME ELLIOTT, THOMAS
STREET ADDRESS 312 BEACH ROAD
CITY-ST-ZIP SARASOTA FL 34242 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME ELLIOTT, THOMAS
STREET ADDRESS 6481 TAEDA DRIVE
CITY-ST-ZIP SARASOTA, FL 34241 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET 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:

Tom Elliott

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-2001

Date

441-927-5992

Daytime Phone #

CR2E034 (10/00)