

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

01-16-2002 90256 026 ****50.00

DOCUMENT # L01000012102

1. Entity Name

MAZAS MANAGEMENT, LLC

Principal Place of Business

1660 GULF BLVD., #307
 CLEARWATER FL 33767

Mailing Address

1660 GULF BLVD., #307
 CLEARWATER FL 33767

2. Principal Place of Business

2551 DREW STREET

Suite, Apt. #, etc.

SUITE 207

City & State

CLEARWATER FL

Zip **33765**

Country **USA**

3. Mailing Address

2551 DREW STREET

Suite, Apt. #, etc.

SUITE 207

City & State

CLEARWATER FL

Zip **33765**

Country **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3743248

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MAZAS, BILL W
1660 GULF BLVD., #307
CLEARWATER FL 33767

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 of person or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renaming)

DATE

1/7/02

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
MANAGER
BILL W. MAZAS
1660 GULF BLVD # 307
CLEARWATER, FL 33767

☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
ASSISTANT MANAGER
SOPHIA VASILAKIS
111 BAYSHORE DRIVE
CLEARWATER, FL 33767

☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
ASSISTANT MANAGER
THOMAS W. MAZAS
300 ORANGEVIEW BL
CLEARWATER, FL 33765

☐ 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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/7/02

727-726-6678

Date

Daytime Phone #

CR2E083 (9/01)