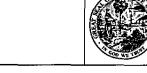
## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

841642 **DOCUMENT #** 

1. Entity Name

PETER L. ARGERIS, INC.



Principal Place of Business

Mailing Address

**FILED** Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90211 031 \*\*\*150.00

2070 UTICA PLACE PENSACOLA FL 32503-3234			2070 UTICA PLACE PENSACOLA FL 32503-3234							
2. Principal Place of Business			3. Mailing Address					]	BIOH DIBN LON	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State			City & State			4,	FEI Number 36-2733079		Applied For Not Applicable	
Zip Country			Zip Country		5.	Certificate of Status Desired	\$8.75 Ac	dditional		
6. Name and Address of Current Registered Agent										
			<u></u>		Name		tatio and Addition of Heal Hogistore	· · · · · · · · · · · ·		
ARGERIS, PETER L.					Street Addr	Street Address (P.O. Box Number is Not Acceptable			~~***	
2070 UTICA PLACE PENSACOLA, FL MH FL 32504								<u>.</u>		
					City	,,,	F	Zip Cod	de	
Afte	Signature, typed ILE NOW!! r May 1, 200	FEE IS \$150.00 3 Fee will be \$550.00 Florida Department of	-	(NOTE:	Registered Agent signature re	quired when re	9. Election Campaign Financing Trust Fund Contribution.		00 May Be	
10.	<u> </u>	OFFICERS AND I		. <u>.</u>	11.	AD	L DDITIONS/CHANGES TO OFFICERS AN	ND DIRECTOR	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ARGERIS, 2070 UTIC PENSACOI	PETER L. A PLACE		] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD	ELEFTHERIA A PLACE		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ور ده ده و		Delete	NAME STREET ADDRESS CITY-ST-ZIP	. <del>-</del> -,	The second secon	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
ITLE NAME STREET ADDRESS			,	Delete	TITLE NAME STREET ADDRESS CITY-ST-7/P			☐ Change	☐ Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Addition

☐ Change