

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90346 027 ***550.00

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DOCUMENT # G40071

1. Entity Name
SAGIR, INC.



Principal Place of Business

% **CONSTANTINE J. RIGAS**
4031 GULF SHORE BLVD.. PH1E
NAPLES FL 34103
US

Mailing Address

% **CONSTANTINE J. RIGAS**
4031 GULF SHORE BLVD.. PH1E
NAPLES FL 34103
US



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 **59-2294864**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

RIGAS, CONSTANTINE J
4031 GULF SHORE BL PH 1E
NAPLES FL 34103

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **RIGAS, JOHN C**
STREET ADDRESS **18 BEECHNUT TERR**
CITY - ST - ZIP **ITHACA NY 14850**

TITLE **SD** ☒ Delete
NAME **RIGAS, RHEBA V**
STREET ADDRESS **4031 GULF SHORE BL PH 1E**
CITY - ST - ZIP **NAPLES FL 34103**

TITLE **VD** ☐ Delete
NAME **RIGAS, CONSTANTINE J**
STREET ADDRESS **4031 GULF SHORE BLVD PH 1E**
CITY - ST - ZIP **NAPLES FL 34103**

TITLE **D** ☒ Delete
NAME **RIGAS, CHRISTOPHER**
STREET ADDRESS **132 N MAIN STREET**
CITY - ST - ZIP **WELLSVILLE NY 14895**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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.

SIGNATURE:

SIGNATURE REQUIRED RIGAS

7/10/03

607 277 4117

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (4/03)