

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H75233

1. Entity Name

ARGYROS, INC.

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90085 033 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O BARBARA ARGYROS  
11007 66TH ST NORTH  
LARGO FL 34643

C/O BARBARA ARGYROS  
11007 66TH ST NORTH  
LARGO FL 33773-5502

2. Principal Place of Business

6651 102nd Ave. No.

3. Mailing Address

6651 102nd Ave. No.

Suite, Apt. #, etc.

Pinellas Park, FL 33782

Suite, Apt. #, etc.

Pinellas Park, FL 33782

City & State

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2576802**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARGYROS, BARBARA  
11007 66TH ST NORTH  
LARGO FL 34643

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, 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, 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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PST	ARGYROS, BARBARA	11007 66TH ST NORTH	LARGO FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	ARGYROS, WILLIAM	11007 66TH ST NORTH	LARGO FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	ARGYROS, BARBARA	11007 66TH ST NORTH	LARGO FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (9/99)