

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90339 034 ***150.00

DOCUMENT # J46116

1. Entity Name
DEMARAS, INCORPORATED

Principal Place of Business Mailing Address
1324 COCO PLUM RD 1324 COCO PLUM RD
P O BOX 3387, MARATHON SHORES, FL 33052 P O BOX 3387, MARATHON SHORES, FL 33052
MARATHON SHORES FL 33052 MARATHON SHORES FL 33052

00070467



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
351 OCEAN DR. EAST PO BOX 510009
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
KEY COUNTY BEACH, FL KEY COUNTY BEACH, FL
 Zip Country Zip Country
33651 USA 33051-0009 USA

4. FEI Number **59-2744607** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
DEMARAS, VICTOR
1324 COCO PLUM
MARATHON FL 33050

7. Name and Address of New Registered Agent
 Name **SUE DEMARAS**
 Street Address (P.O. Box Number is Not Acceptable)
1324 COCO PLUM
 City **MARATHON** FL Zip Code **33050**

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 Sue Demaras Sue Demaras PRESIDENT DIRECTOR 4/3/02
 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 (\$150.00)
After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PTD DEMARAS, VICTOR 1324 COCO PLUM RD MARATHON FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEMARAS, SUE 1324 COCO PLUM RD MARATHON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT & DIRECTOR SUE DEMARAS 1324 COCO PLUM MARATHON, FL 33050	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BURNIE FAULK-DIRECTOR 8120 ENGLAND ST CHARLOTTE NC 28273	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY-TREASURER LULA D. VORICK 491 10th STREET KEY COUNTY BEACH, FL 33051	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Sue Demaras REQUIRED LULA D. VORICK 4/2/02 305/743-4664
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)