

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90101 047 ***150.00

DOCUMENT # K02702

1. Entity Name

S & P ESTATES, INC.

Principal Place of Business

18329 US 19
K
HUDSON FL 34667
US

Mailing Address

C/O FORTUNE SUNCOAST REALTY
P.O. BOX 6308
SPRING HILL FL 34611-6308

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 59-2876013

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

SIDERATOS, DEMETRIOS
3167 CORONET COURT
SPRING HILL FL 34608

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	☐ Delete
	P	SIDERATOS, DEMETRIOS	3167 CORONET COURT SPRING HILL FL	☐
	V	SIDERATOS, NIKALAO	3167 CORONET COURT SPRING HILL FL	☐
	S	SIDERATOS, ALEX	3167 CORONET COURT SPRING HILL FL	☐
	T	KILLINGAS, EMMANUEL	3167 CORONET COURT SPRING HILL FL	☐
				☐
				☐

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-15-2000 727-863-9660

CR2E034 (9/99)