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

## **DOCUMENT#**

230 N HALIFAX DR ORMOND BEACH FL 32176

2. Principal Place of Business

DRAKAKIS, STAMATIKI

230 N HALIFAX DR ORMOND BEACH FL 32176

Suite, Apt. #, etc.

City & State

Zip

K07007 1. Entity Name PAROS. INC. Principal Place of Business Mailing Address

230 N HALIFAX DR

3. Mailing Address

Suite, Apt. #, etc.

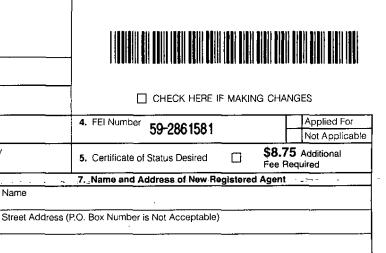
City & State

Zip

ORMOND BEACH FL 32176

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

04-14-2003 90081 029 \*\*\*150.00



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.

Country

Name

City

Country

6. Name and Address of Current Registered Agent

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change Addition TITI F ☐ Delete TITLE DRAKAKIS, STAMATIKI NAME NAME STREET ADDRESS 230 N. HALIFAX DR STREET ADDRESS CITY-ST-ZIP ORMOND BEACH FL CITY-ST-ZIP ☐ Addition ☐ Change TITLE ST ☐ Delete TITLE DRAKAKIS, NICHOLAS NAME NAME 110 WOODBRIDGE CIRCLE S. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BCH FL CITY-ST-ZIP Dèlete Delete TITLE Change : Addition TITLE SKANDALAKIS, DANNY NAME NAME STREET ADDRESS 230 N.HALIFAX DRIVE STREET ADDRESS ORMOND BCH. FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE: