

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90222 003 \*\*\*150.00

**DOCUMENT # K47913**

1. Entity Name  
**STOP INVESTMENTS, INC.**



Principal Place of Business  
**C/O E VARELIS**  
**1104 MALLORC DR.**  
**BRADENTON BEACH FL 34209**  
**US**

Mailing Address  
**C/O EC ACCOUNTING LTD**  
**215-534 LAWRENCE AVE. W.**  
**TORONTO ON M6A 1-2**  
**CA**

**40007298**



2. Principal Place of Business

3. Mailing Address  
**C/O AUP ACCOUNTING LTD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**215-534 LAWRENCE AVE. W**

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State  
**TORONTO ON**

4. FEI Number  
**65-0251276**

Applied For  
Not Applicable

Zip

Country

Zip  
**M6A 1A2**

Country  
**CANADA**

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

**VARELIS, EVA**  
**C/O E. VARELIS**  
**1104 MALLORC DR.**  
**BRADENTON FL 34209**

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 \$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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D VARELIS, EVA**  
**1104 MALLORC DR.**  
**BRADENTON BEACH FL 34209**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 OF E. VARELIS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAN 15, 03**

Date

**416-783 2222**

Daytime Phone #

CR2E034 (10/02)