

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000000979

1. Entity Name

Sponge Associates of Florida, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC 30 AM 8:01

Principal Place of Business

Mailing Address

26 WEST PARK ST.
TARPON SPRINGS FL 34689

26 WEST PARK ST.
TARPON SPRINGS FL 34689

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

593642714

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

BILLIRIS, GEORGE
26 WEST PARK ST.
TARPON SPRINGS FL 34689

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.

GEORGE BILLIRIS

(NOTE: Registered Agent signature required when reinstating)

11-27-02

DATE

After September 13, 2002,
min. will be \$236.25.

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	P	SEBAUGH, FRANK	26 WEST PARK ST. TARPON SPRINGS FL 34689	<input checked="" type="checkbox"/>
	S	SKAROULLIS, JIM	26 WEST PARK ST. TARPON SPRINGS FL 34689	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	D	JEFF LOVE	P.O. BOX 2064 TARPON SPRINGS FL 34688	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	D	GEORGE DILLIS	331 SAFFORD AVE. TARPON SPRINGS FL 34689	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	D	FRANK SEBUAGH	523 ANCLOTE RD TARPON SPRINGS FL 34689	<input type="checkbox"/>	<input checked="" 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"/>

CR2E037 (4/02)

11/6/02

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 617, 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]* 11-27-02 11-27-02