

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000005688

1. Entity Name

THE CHOIR PROMETHEAS, INC.

FILED

02 OCT -3 PM 1:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

97419



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2194 MAIN ST., STE. P  
DUNEDIN FL 34698

2194 MAIN ST., STE. P  
DUNEDIN FL 34698

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

54-3437045

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

KAKALIS, ACHILLEAS  
2194 MAIN ST., STE. P  
DUNEDIN FL 34698

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

*Achilleas Kakalis Pres.*

7-10-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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  
D KAKALIS, ACHILLEAS  
2050 KINGFISHER DR.  
PALM HARBOR FL 34683 ☐ Delete

TITLE, NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE, NAME  
D SKORDILIS, SPYRIDON  
217 ATHENS ST.  
TARPON SPRINGS FL 34689 ☐ Delete

TITLE, NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE, NAME  
D SUBER, ELIZABETH  
1153 LANDALL ST.  
HOLIDAY FL 34690 ☐ Delete

TITLE, NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE, NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE, NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE, NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE, NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
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TITLE, NAME  
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 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:

*Achilleas Kakalis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

7-10-02 727-787-1541  
Daytime Phone #

CR2E037 (4/02)