

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000052233

1. Entity Name
EREF, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90054 034 ***150.00

Principal Place of Business

Mailing Address

203 E TWIGGS ST
TAMPA FL 33602

203 E TWIGGS ST
TAMPA FL 33602

004910

2. Principal Place of Business

SAME ABOVE

3. Mailing Address

SAME ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SAME ABOVE

City & State

SAME ABOVE

4. FEI Number

59-3649303

Applied For

Not Applicable

Zip

SAME ABOVE

Country

Zip

SAME ABOVE

Country

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

EKONOMIDES, NICKOLAS
201 E KENNEDY BLVD, SUITE 1130
TAMPA FL 33602

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, 2001 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
PRES
HALAN CICALA
203 E TWIGGS ST
TAMPA FL 33602

☐ Delete

TITLE
NAME
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CITY-ST-ZIP
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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 #

CR2E034 (10/00)