

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

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90090 024 \*\*\*150.00

DOCUMENT # P 000 000 54233

1. Entity Name

STASSINOS ENTERPRISES, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2322 Landing Way

Suite, Apt. #, etc.

3. Mailing Address

"SAME"

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PALM HARBOR, FL

City & State

4. FEI Number

59-3664127

Applied For

Not Applicable

Zip

34684

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Charles Barber

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

1550 S. Highland Ave. Ste B

City

Clearwater, FL

FL

Zip Code

33756

**DO NOT WRITE  
IN THIS SPACE**

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE PD  
NAME STASSINOS LAIOS  
STREET ADDRESS 2322 Landing Way  
CITY-ST-ZIP Palm Harbor, FL 34684

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ST  
NAME JOANNE LAIOS  
STREET ADDRESS 2322 Landing Way  
CITY-ST-ZIP Palm Harbor, FL 34684

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

Stassinios Laios

4/26/02

727 7874246

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #