

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000095964

1. Entity Name

PARICO ENTERPRISES, INC.

Principal Place of Business

1801 EASTLAKE RD. STE 17-I
PALM HARBOR FL 34685

Mailing Address

1801 EASTLAKE RD. STE 17-I
PALM HARBOR FL 34685

2. Principal Place of Business

1801 EAST LAKE RD

Suite, Apt. #, etc.

17 I

3. Mailing Address

1801 EAST LAKE RD

Suite, Apt. #, etc.

17 I

City & State

PALM HARBOR FL

City & State

PALM HARBOR, FL

Zip

34685

Country

U.S.A.

Zip

34685

Country

U.S.A.

4. FEI Number

59-3675487

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARIANOS, KALLIOPI
1801 EASTLAKE RD, STE 17-I
PALM HARBOR FL 34685

7. Name and Address of New Registered Agent

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)

1/9/01
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

TITLE	D	<input type="checkbox"/> Delete
NAME	PARIANOS, NOMIKOS	
STREET ADDRESS	1801 EASTLAKE RD, STE 17-I	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARIANOS, KOSTAS	
STREET ADDRESS	1801 EASTLAKE RD, STE 17-I	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARIANOS, NIKOLAS	
STREET ADDRESS	1801 EASTLAKE RD, STE 17-I	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARIANOS, KALLIOPI	
STREET ADDRESS	1801 EASTLAKE RD, STE 17-I	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

KOSTAS PARIANOS

1/9/01

Date

727/772-8564

Daytime Phone #

FILED
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90003 010 ***158.75

900589



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)