

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 08, 2003 8:00 am
Secretary of State

04-08-2003 90088 028 ***150.00

DOCUMENT # P00000097843

1. Entity Name
SEVAN LABOR SERVICES, INC



Principal Place of Business
**5801 THONAS DR. UNIT 801
PANAMA CITY BEACH FL 32408**

Mailing Address
**5801 THONAS DR. UNIT 801
PANAMA CITY BEACH FL 32408**



2. Principal Place of Business

5801 THOMAS DRIVE

3. Mailing Address

Suite, Apt. #, etc.

**Suite, Apt. #, etc.
UNIT #801**

City & State

**CITY & STATE
PANAMA CITY BEACH**

Zip

32408

Country

USA

Zip

Country

4. FEI Number **59-3681602**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KESAIA, GAGIK
5801 THONAS DR, UNIT 801
PANAMA CITY BEACH FL 32408**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **KESAIA, GAGIK**
STREET ADDRESS **5801 THONAS DR, UNIT 801**
CITY-ST-ZIP **PANAMA CITY BEACH FL 32408**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

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 607, 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G. Kesaia

Date

4/7/03

Gagik Kesaia

Daytime Phone #

1021-5499

CR2E034 (10/02)