

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

02-14-2002 90070 011 ***150.00

DOCUMENT # P01000008273

1. Entity Name
U.P.C. CONTRACTORS, INC.

Principal Place of Business
1525 RAINVILLE ROAD
TARPON SPRINGS FL 34689

Mailing Address
1525 RAINVILLE ROAD
TARPON SPRINGS FL 34689



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1845 ALT 19 SOUTH
 Suite, Apt. #, etc.
TARPON SPRINGS, FL
 City & State

3. Mailing Address
1845 ALT 19 SOUTH
 Suite, Apt. #, etc.
TARPON SPRINGS, FL
 City & State

4. FEI Number
59-363 4952
 Applied For
 Not Applicable

Zip
34689
 Country
USA

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

6. Name and Address of Current Registered Agent
HATZILERS, KOMINOS
1525 RAINVILLE ROAD
TARPON SPRINGS FL 34689

7. Name and Address of New Registered Agent
 Name
HATZILERS, KOMINOS
 Street Address (P.O. Box Number is Not Acceptable)
1845 ALT 19 SOUTH
 City
TARPON SPRINGS **FL** Zip Code
34689

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | POVT HATZILERS, KOMINOS 1525 RAINVILLE ROAD TARPON SPRINGS FL 34689 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S HATZILERS, KOMINOS 1525 RAINVILLE ROAD TARPON SPRINGS FL 34689 | <input type="checkbox"/> Delete |
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

1-24-02

Date Daytime Phone #

CR2E034 (9/01)