

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91240 019 ***150.00

DOCUMENT # P01000033515

1. Entity Name
SANTARLAS HOLDING COMPANY, INC.

Principal Place of Business

**PO BOX 2542
 VALRICO FL 33595**

Mailing Address

**PO BOX 2542
 VALRICO FL 33595**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3711257

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**SANTARLAS, THOMAS E
 2429 BUCKNELL DRIVE
 VALRICO FL 33594**

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)

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
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SANTARLAS, THOMAS E	
STREET ADDRESS	PO BOX 2542	
CITY-ST-ZIP	VALRICO FL 33595	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANTARLAS, KIMBERLY N	
STREET ADDRESS	PO BOX 2542	
CITY-ST-ZIP	VALRICO FL 33595	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PRESIDENT, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas E. Santarlas	
STREET ADDRESS	PO Box 2542 (TS)	
CITY-ST-ZIP	VALRICO, FL 33595	
TITLE	VICE President, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIMBERLY N. SANTARLAS	
STREET ADDRESS	PO Box 2542 (TS)	
CITY-ST-ZIP	VALRICO, FL 33595	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	* P.O. Box 3314	
STREET ADDRESS	RIVERVIEW, FL. 33568	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	↑ New Address for both	
STREET ADDRESS	directors.	
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:

SANTARLAS, THOMAS E. PRES.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-16-02
 Date

813-684-6489
 Daytime Phone #

CR2E034 (9/01)