

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90253 013 ***150.00

DOCUMENT # P01000047508

1. Entity Name
VITOS CONSTRUCTION, INC.

Principal Place of Business

2598 N. BISCAYNE DR.
N. PORT FL 34286

Mailing Address

2598 N. BISCAYNE DR.
N. PORT FL 34286

2. Principal Place of Business

1121 Panacea Blvd
Suite, Apt. #, etc. 108

3. Mailing Address

1121 Panacea
Suite, Apt. #, etc. 108

City & State

North Port

City & State

FL

4. FEI Number

65-1098908

Applied For

Not Applicable

Zip
34287

Country

Zip
34287

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

TARANOV, VITALIY P
2598 N. BISCAYNE DR.
N. PORT FL 34286

7. Name and Address of New Registered Agent

Name

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

1121 Panacea Blvd

City

North Port

FL

Zip Code

34286

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	TARANOV, VITALIY P	
STREET ADDRESS	2598 N. BISCAYNE DR.	
CITY-ST-ZIP	N. PORT FL 34286	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEMYANOVSKIY, VITALIY A	
STREET ADDRESS	6681 MARA CT.	
CITY-ST-ZIP	N. PORT FL 34287	
TITLE	D	<input type="checkbox"/> Delete
NAME	TARANOV, PAVEL	
STREET ADDRESS	1121 PANACEA BOULEVARD, #108	
CITY-ST-ZIP	N. PORT FL 34286	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1121 Panacea Blvd
CITY-ST-ZIP	North Port FL 34286
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1383 Chamberlain Blvd
CITY-ST-ZIP	North Port FL 34286
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2040 Sparkle Lane
CITY-ST-ZIP	North Port FL 34286
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	

CR2E034 (9/01)

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 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

01-16-02

Date

Daytime Phone #