

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000063548

1. Entity Name  
LESSARIS ENTERPRISES, INC.

FILED  
May 30, 2002 8:00 am  
Secretary of State

05-02-2002 90087 045 \*\*\*150.00

Principal Place of Business  
265 MYRTLE CT.  
PALM HARBOR FL 34683

Mailing Address  
265 MYRTLE CT.  
PALM HARBOR FL 34683

88230

2. Principal Place of Business  
8923 Promise Dr  
Suite, Apt. #, etc.

3. Mailing Address  
8923 Promise Dr  
Suite, Apt. #, etc.

City & State  
Tampa FL  
Zip 33626 Country Hills

City & State  
Tampa FL  
Zip 33626 Hills

4. FEI Number  
59-3724261

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  
LESSARIS, TREVOR  
265 MYRTLE CT.  
PALM HARBOR FL 34683

7. Name and Address of New Registered Agent  
Name Trevor Lessaris  
Street Address (P.O. Box Number is Not Acceptable)  
8923 Promise Dr  
City Tampa FL Zip Code 33626

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

(NOTE: Registered Agent signature required when reinstating)

1/28/02  
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 NAME STREET ADDRESS CITY-ST-ZIP	PD LESSARIS, TREVOR 265 MYRTLE CT. PALM HARBOR FL 34683 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FRIELLO, STACEY 1241 OHIO AVE. DUNEDIN FL 34698 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pres SoAnn Lessaris 8923 Promise Dr Tampa FL 33626 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Trevor Lessaris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/02 813-742-9655  
Date Daytime Phone #

CR2034 (9/01)