

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

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

DOCUMENT # **PO1000067511**

1. Entity Name

**TALL & SMALL RESIDENTIAL CONTRACTING, INC.**



01-23-2003 90336 001 \*\*\*150.00

01-23-2003 90336 002 \*\*\*\*\*8.75

**DO NOT WRITE IN THIS SPACE**

**55002311**

2. Principal Place of Business

**129 B4th AV NORTH**  
Suite, Apt. #, etc.

3. Mailing Address

**129 B4th AV NORTH**  
Suite, Apt. #, etc.

City & State

**ST. PETERSBURG FL**

City & State

**ST. PETERSBURG FL**

4. FEI Number

**59-3734313**

Applied For

Not Applicable

Zip

**33702**

Country

**UNITED STATES**

Zip

**33702**

Country

**UNITED STATES**

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**KEYORK SHRIKIAN**

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

**129 B4th AV NORTH**

City

**ST. PETERSBURG**

**FL**

Zip Code

**33702**

**DO NOT WRITE  
IN THIS SPACE**

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 **Keyork Shrikian - PRESIDENT**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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 **Pt/s/d / SALE OFFICER**  
NAME **KEYORK SHRIKIAN**  
STREET ADDRESS **129 B4th AVE. NORTH**  
CITY-ST-ZIP **ST. PETERSBURG, FLORIDA 33702**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Keyork Shrikian KEYORK SHRIKIAN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/15/03 (727) 321-4981**  
Date Daytime Phone #

CR2E034B (12/02)

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000067511

1. Entity Name  
TALL & SMALL RESIDENTIAL CONTRACTING, INC.



Principal Place of Business  
3945 BURLINGTON AVE., N.  
ST. PETERSBURG FL 33713

Mailing Address  
3945 BURLINGTON AVE., N.  
ST. PETERSBURG FL 33713

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number ~~59-8734343~~ 59-3734313

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHRIKIAN, KEVORK  
3945 BURLINGTON AVE., N.  
ST. PETERSBURG FL 33713

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTSD  
SHRIKIAN, KEVORK  
3945 BURLINGTON AV NORTH  
SAINT PETERSBURG FL 33713 ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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NAME  
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CITY-ST-ZIP ☐ Change ☐ Addition

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SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)