

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2005 8:00 am
Secretary of State

09-02-2005 90016 048 ***150.00

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1. Entity Name
UPSCALE CONCEPTS, INC.



Principal Place of Business
1470 N RIDGELANE CIRCLE
CLEARWATER, FL 33755

Mailing Address
1470 N RIDGELANE CIRCLE
CLEARWATER, FL 33755

50064779



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08222005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

02-0730659

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name LOUELLA RIGAKOS

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

1470 N RIDGELANE CIR.

City CLEARWATER

FL

Zip Code 33755

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

LoUElla Rigakos

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

(NOTE: Registered Agent signature required when reinstating)

Aug 22, 2005

DATE

FILE NOW!!! FEE IS \$150.00 •
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PSTD
NAME RIGAKOS, LOUELLA
STREET ADDRESS 1470 N RIDGELANE CIRCLE
CITY-ST-ZIP CLEARWATER, FL 33755

TITLE V
NAME RIGAKOS, JOHN
STREET ADDRESS 1470 N RIDGELANE CIRCLE
CITY-ST-ZIP CLEARWATER, FL 33755

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

LoUElla Rigakos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 22, 2005

Date

727-447-8818

Daytime Phone #