

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000029199

1. Entity Name

GEORGE N. KLIMIS, P.A.

FILED

00 MAR 17 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~30 NORTH RING AVENUE~~
~~SUITE 400~~
~~TARPON SPRINGS FL 34689~~

~~30 NORTH RING AVENUE~~
~~SUITE 400~~
~~TARPON SPRINGS FL 34689-4004~~

2. Principal Place of Business

3. Mailing Address

23 E. Tarpon Avenue
Suite, Apt. #, etc.

23 E. Tarpon Avenue
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Tarpon Springs, FL

Tarpon Springs, FL

4. FEI Number

59-3176977

Applied For

Not Applicable

Zip

Country

Zip

Country

34689

US

34689

US

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

KLIMIS, GEORGE N
30 N. RING AVE SUITE 400
TARPON SPRINGS FL 34689

Name

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

23 East Tarpon Ave.

Tarpon Springs

FL

Zip Code
34689

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

3/6/00

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, 2000 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 ☐ Delete
NAME D
STREET ADDRESS KLIMIS, GEORGE N
CITY-ST-ZIP 30 N. RING AVE. #400
TARPON SPRINGS FL 34689

TITLE ☒ Change ☐ Addition
NAME George N. Klimis
STREET ADDRESS 23 EAST TARPON AVE
CITY-ST-ZIP Tarpon Springs, FL 34689

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/6/200 943 9551