

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91273 035 ***150.00

DOCUMENT # P94000043012

1. Entity Name
XENIA INTERNATIONAL, INC.

Principal Place of Business

**144 1ST AVE S.
 #315A
 SAINT PETERSBURG FL 33701
 US**

Mailing Address

**P.O. BOX 40215
 ST PETERSBURG FL 33743
 US**

433998



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6305 Gulf Blvd

3. Mailing Address

Suite, Apt. #, etc.

City & State

ST. PETERS BEACH FL

City & State

Suite, Apt. #, etc.

4. FEI Number **59-3248206**

Applied For
 Not Applicable

Zip **33706**

Country **Pineellas**

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HATZILIAS, IOANNIS
 5000 CENTRAL AVENUE
 ST PETERSBURG FL 33707**

7. Name and Address of New Registered Agent

Name **HATZILIAS, IOANNIS**
 Street Address (P.O. Box Number is Not Acceptable)
6305 GULF BLVD
 City **ST. PETERS BEACH** **FL** Zip Code **33706**

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

TITLE **PD** ☐ Delete
 NAME **HATZILIAS, IOANNIS**
 STREET ADDRESS **5000 CENTRAL AVENUE**
 CITY-ST-ZIP **ST PETERSBURG FL 33707**

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
 NAME **HATZILIAS, IOANNIS**
 STREET ADDRESS **6305 GULF BLVD**
 CITY-ST-ZIP **ST. PETERS BEACH, FL 33706**

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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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: **IOANNIS HATZILIAS** **5/1/02** **727 3680251**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)