

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED

May 30, 2001 8:00 am
Secretary of State

05-02-2001 90171 048 ***150.00

DOCUMENT # **P94000016312**
1. Entity Name **Filip International, Inc.**
949 ALAMEDA Way Sarasota, FL 34234

Principal Place of Business Mailing Address

2. Principal Place of Business **949 ALAMEDA Way**
3. Mailing Address **949 ALAMEDA Way**
Suite, Apt. #, etc. **SARASOTA, FL** Suite, Apt. #, etc. **SARASOTA, FL**
City & State **SARASOTA, FL** City & State **SARASOTA, FL**

Zip **34234** Country **USA** Zip **34234** Country **USA**

4. FEI Number **65-0534336** Applied For ☐ Not Applicable ☒

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

6. Name and Address of Current Registered Agent **Stacy F. Filipow - President**
949 ALAMEDA Way Sarasota, FL 34234
7. Name and Address of New Registered Agent
Name **Filip Filipow - Manager**
Street Address (P.O. Box Number is Not Acceptable) **3310 HARRISON AVE**
City **Orlando** FL Zip Code **32804**

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]** DATE **04. 18. 2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 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	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Filip Filipow - Manager		STREET ADDRESS		
CITY-ST-ZIP	3310 HARRISON AVE		CITY-ST-ZIP		
	Orlando, FL 32804				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(l), 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]** DATE **04. 18. 2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)