

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000077119

1. Entity Name

EMIAN ARCHITECTURAL GROUP, INC.

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90072 040 ***150.00

Principal Place of Business

Mailing Address

755 BAYSHORE BLVD S
SAFETY HARBOR FL 34695
US

755 BAYSHORE BLVD S
SAFETY HARBOR FL 34695-4214
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3290014

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

PAPACHRISTOU, EMILY C.
5511 WINDWARD WAY
NEW PORT RICHEY FL 34652

Name

Papachristou, Emily C.

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

755 Bayshore Boulevard South

City

Safety Harbor

FL

Zip Code
34695

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
PAPACHRISTOU, EMILY
5511 WINDWARD WAY
NEW PORT RICHEY FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
Papachristou, Emily
755 Bayshore Boulevard South
Safety Harbor, FL 34695 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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.

Emily C. Papachristou

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/00 707 726 2661
Date Daytime Phone #

CR2E034 (9/99)