

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90105 029 ***150.00

DOCUMENT # P95000003080

1. Entity Name
21ST CENTURY PAVILION, INC.



Principal Place of Business
5132 U.S. HIGHWAY 19 NORTH
NEW PORT RICHEY FL 34652

Mailing Address
23 E. TARPON AVENUE
TARPON SPRINGS FL 34689
US

2. Principal Place of Business

3. Mailing Address

GEORGE N. KLIMIS, P.A.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27 E. ORANGE STR.

City & State

City & State

TARPON SPRINGS, FL

Zip

Country

Zip

Country

34689

USA

4. FEI Number

59-3291019

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KLIMIS, GEORGE N
23 E. TARPON AVENUE
TARPON SPRINGS FL 34689

7. Name and Address of New Registered Agent

GEORGE N. KLIMIS, P.A.
27 E. ORANGE STR.
TARPON SPRINGS FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/1/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	BAIN, RUSSELL T	
STREET ADDRESS	6121 FJORD WAY	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BLOCK-BAIN, CYNTHIA	
STREET ADDRESS	137 SCOTT DR	
CITY-ST-ZIP	ATLANTIC BEACH NY 11509	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 information empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

427-943-9551

CR2E034 (10/02)