

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90035 031 ***150.00

DOCUMENT # P95000016963

1. Entity Name

S.V.B., INC.

Principal Place of Business

Mailing Address

4131 PARK ST N
ST PETERSBURG FL 33709

4131 PARK ST N
ST PETERSBURG FL 33709-4013

2. Principal Place of Business

3. Mailing Address

4131 PARKWAY RESTORANT
Suite, Apt. #, etc.

4131 PARK ST N
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

ST PETERSBURG FL

4. FEI Number

59-3298674

Applied For

Not Applicable

Zip

Country

Zip

Country

33709

U.S.A.

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

STRATIS, BARBARA
5660 80TH ST N
F-206
ST PETERSBURG FL 33709

Name

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

City

FL

Zip Code

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	PD	<input type="checkbox"/> Delete
NAME	BARBARA STRATIS	
STREET ADDRESS	5660 80TH ST. N. APT A-206	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SPYROS A. STRATIS	
STREET ADDRESS	5660 80TH ST. N. APT A-206	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	VASSILIKI S LEE	
STREET ADDRESS	6467 3 rd AVE S	
CITY-ST-ZIP	ST PETERSBURG FL 33707	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: VASSILIKI S LEE 1/4/00 727-5444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #