

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 15, 2002 8:00 am
Secretary of State

07-15-2002 90186 034 ***550.00

DOCUMENT # P95000016963

1. Entity Name
S.V.B., INC.

Principal Place of Business

4131 PARK ST N
 ST PETERSBURG FL 33709

Mailing Address

4131 PARK ST N
 ST PETERSBURG FL 33709

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 **59-3298674**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **VASSILIKI, LEE S.**
 Street Address (P.O. Box Number is Not Acceptable) **6467 3RD AVE S.**
 City **ST. PETERSBURG** FL Zip Code **33707**

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 **VASSILIKI S. LEE** *N Vassiliki S Lee* DATE **7/30/2002**
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. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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 checked="" 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	S	<input type="checkbox"/> Delete
NAME	VASSILIKI, LEE S	
STREET ADDRESS	6467 3RD AVE S	
CITY-ST-ZIP	SAINT PETERSBURG FL 33707	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6467 3RD AVE S.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33707	
TITLE	PDK/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 LEE** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **7-27-2002** **727-564-4817**

CR2E034 (4/02)