

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000030707

1. Entity Name

KALLERGIS, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90057 040 ***163.75

Principal Place of Business

Mailing Address

3328 MOOG ROAD
HOLIDAY FL 34691

3328 MOOG ROAD
HOLIDAY FL 34691-1120

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3306510

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KALLERGIS, ALEX
3343 MURROW
NEW PORT RICHEY FL 34655

Name Nick Kallergis
Street Address (P.O. Box Number is Not Acceptable) 4145 Highland Loop
New Port Richey Fl.
City FL Zip Code 34652

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-23-2000

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 | D | <input checked="" type="checkbox"/> Delete |
| NAME | KALLERGIS, PETER | |
| STREET ADDRESS | 28 W. 726 RAY ST. | |
| CITY-ST-ZIP | WARRENVILLE IL 60555 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KALLERGIS, NICK | |
| STREET ADDRESS | 4145 HIGHLAND LOOP | |
| CITY-ST-ZIP | NEW PORT RICHEY-FL 34652 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | KALLERGIS, ALEX | |
| STREET ADDRESS | 3343 MURROW ST. | |
| CITY-ST-ZIP | NEW PORT RICHEY FL 34655 | |
| 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 | president - D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Nick Kallergis | |
| STREET ADDRESS | 4145 Highland Loop | |
| CITY-ST-ZIP | New Port Richey Fl. 34652 | |
| TITLE | Vice President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Helen Kallergis | |
| STREET ADDRESS | 4145 Highland Loop | |
| CITY-ST-ZIP | New Port Richey Fl 34652 | |
| TITLE | Tresure - | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Helen Kallergis | |
| STREET ADDRESS | 4145 Highland Loop | |
| CITY-ST-ZIP | New Port Richey Fl 34652 | |
| 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 | | |
| 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: Helen Kallergis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-23-2000 (127)
845 3319

CR2E034 (9/99)