

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State
 03-16-2001 90053 026 ***158.75

0657198

DOCUMENT # P95000030707

1. Entity Name
KALLERGIS, INC.

Principal Place of Business
**3328 MOOG ROAD
 HOLIDAY FL 34691**

Mailing Address
**3328 MOOG ROAD
 HOLIDAY FL 34691**

2. Principal Place of Business
Kallergis Inc
 Suite, Apt. #, etc.

3. Mailing Address
3328 Moog Road
 Suite, Apt. #, etc.

City & State
Holiday FL
 Zip
34691 Country
PASCO

City & State
Holiday FL
 Zip
34691 Country
PASCO

4. FEI Number **59-3306510**

Applied For
 Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**KALLERGIS, NICK
 4145 HIGHLAND LOOP
 NEW PORT RICHEY FL 34652**

7. Name and Address of New Registered Agent

Name
Peter Kallergis
 Street Address (P.O. Box Number is Not Acceptable)
4145 Highland Loop
 City
New Port Richey 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 **Peter Kallergis**
 Signature, typed or printed name of registered agent and title if applicable.

Peter Kallergis
 (NOTE: Registered Agent signature required when reinstating)

3-01-01
 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, 2001 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

TITLE
VT ☒ Delete
 NAME
KALLERGIS, HELEN
 STREET ADDRESS
4145 HIGHLAND LOOP
 CITY-ST-ZIP
NEW PORT RICHEY FL 34652

TITLE
PD ☒ Delete
 NAME
KALLERGIS, NICK
 STREET ADDRESS
4145 HIGHLAND LOOP
 CITY-ST-ZIP
NEW PORT RICHEY FL 34652

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PD ☒ Change ☐ Addition
 NAME
Peter Kallergis
 STREET ADDRESS
4145 Highland Loop
 CITY-ST-ZIP
New Port Richey FL 34652

TITLE
VT - Treasurer ☒ Change ☐ Addition
 NAME
Helen Kallergis
 STREET ADDRESS
4145 Highland Loop
 CITY-ST-ZIP
New Port Richey FL 34652

TITLE
Secretary ☒ Change ☐ Addition
 NAME
George Kallergis
 STREET ADDRESS
4145 Highland Loop
 CITY-ST-ZIP
New Port Richey FL 34652

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 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.

SIGNATURE: **Peter Kallergis President**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-01-01 (727) 844 3072
 Date Daytime Phone #

CR2E034 (10/00)