

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90009 048 \*\*\*150.00

**DOCUMENT # P95000078659**

1. Entity Name  
**B.P. KAZITORIS & COMPANY**

Principal Place of Business

**2272 AIRPORT ROAD, SOUTH  
 SUITE 203  
 NAPLES FL 34112  
 US**

Mailing Address

**2272 AIRPORT ROAD, SOUTH  
 SUITE 203  
 NAPLES FL 34112  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2681 Airport Rd So  
 Suite, Apt. #, etc. C-101**

3. Mailing Address

**2681 Airport Rd So  
 Suite, Apt. #, etc. C-101**

City & State

**NAPLES FL**

City & State

**NAPLES FL**

4. FEI Number

**65-0613694**

Applied For

Not Applicable

Zip

**34112**

Country

**COLLIER**

Zip

**34112**

Country

**COLLIER**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**KAZITORIS, BASIL P  
 2272 AIRPORT ROAD, SOUTH  
 SUITE 203  
 NAPLES FL 33962**

7. Name and Address of New Registered Agent

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P KAZITORIS, BASIL P 2272 AIRPORT ROAD, SOUTH NAPLES FL 34112</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S KAZITORIA, PHYLLIS 25 HAWATT BLVD NAPLES FL 34112</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2681 AIRPORT ROAD So - C-101 NAPLES FL 34112</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>VP &amp; S KAZITORIS, PHYLLIS 25 HAWATT BLVD NAPLES, FL 34112</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

**BASIL P. KAZITORIS, President**

Date

Daytime Phone #

**2-28-02**

CP2E034 (9/01)