

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90167 045 ***150.00

DOCUMENT # P95000088014

1. Entity Name

N.A.T. INVESTMENTS, INC.

Principal Place of Business

Mailing Address

**305 CORONADO DRIVE
 CLEARWATER FL 34630**

**305 CORONADO DRIVE
 CLEARWATER FL 33767-2433**

B0016750



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3347256**

Applied Fee
 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

**GALIATSATOS, NICHOLAS
 305 CORONADO DRIVE
 CLEARWATER FL 34630**

Name

NICHOLAS GALIATSATOS

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

305 CORONADO DRIVE

City

CLEARWATER

FL

Zip Code

33767

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

2/1/00

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 Added to Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **GALIATSATOS, NICHOLAS**
 STREET ADDRESS **301 CORONADO DR**
 CITY-ST-ZIP **CLEARWATER FL 33767**

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

TITLE **VD** ☐ Delete
 NAME **ALOIZAKIS, ANTHONY**
 STREET ADDRESS **1996 BONNIE COURT**
 CITY-ST-ZIP **DUNEDIN FL 34698**

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

TITLE **SD** ☐ Delete
 NAME **GALIATSATOS, ALEXANDROS**
 STREET ADDRESS **2141 ANDREWS CT**
 CITY-ST-ZIP **DUNEDIN FL 34698**

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

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ *
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TITLE ☐ Change ☐ *
 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)(f), 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NICHOLAS GALIATSATOS

Date

Daytime Phone #

2/1/00