

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000026147

1. Entity Name  
LAZ PRODUCTS, INC.

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FILED  
Jul 26, 2000 8:00 am  
Secretary of State

07-26-2000 90010 032 \*\*\*150.00

Principal Place of Business  
1432 RIVERSIDE DRIVE  
TARPON SPRINGS FL 34689

Mailing Address  
1432 RIVERSIDE DRIVE  
TARPON SPRINGS FL 34689

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3371430

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KAVOUKLIS, NIKKI M ESQ  
114 SOUTH PINELLAS AVE  
TARPON SPRINGS FL 34689

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 \$550.00  
After SEPTEMBER 13, 2000 Min. 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
VOSTITSANOS, LAZAROS J  
1432 RIVERSIDE DRIVE  
TARPON SPRINGS FL 34689

☐ Delete

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

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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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-20-00

Date

Daytime Phone #

CR2E034 (5/00)



Laz Products, Inc.  
P.O. Box 309  
Tarpon Springs  
Florida 34688-0309

1-813-937-4004  
Fax 813-938-0041

P96000026147

A0069841

Attach

Pursuant our conversation I had with  
your representative this morning I  
would like to thank you for your  
understanding of the fact that we  
failed to receive the May notice  
of the Uniform Business Report.

Enclosed is my check #1090 for \$150.

This amount reflects just fees since  
late fees were waived.

Once again thank for your under-  
standing.

Lazaros J. Vostitsanos

Lazaros J. Vostitsanos