

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90172 046 ***150.00

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DOCUMENT # P96000036752

1. Entity Name
PAT-ROZ, INC.



Principal Place of Business
**2000 DREW STREET
CLEARWATER FL 34625**

Mailing Address
**2000 DREW STREET
CLEARWATER FL 34625**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3374995**

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

**BOUTZOUKAS, MICHAEL E
704 WEST BAY STREET
TAMPA FL 33606**

Name **James Pallas**
Street Address (P.O. Box Number is Not Acceptable) **200 Drew Street**
City **Clearwater** FL **34625**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN-11

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | PALLAS, JAMES | |
| STREET ADDRESS | 2000 DREW STREET | |
| CITY-ST-ZIP | CLEARWATER FL 34625 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | PALLAS, ROSALIE | |
| STREET ADDRESS | 2000 DREW STREET | |
| CITY-ST-ZIP | CLEARWATER FL 34625 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | VLAMAKIS, MICHAEL | |
| STREET ADDRESS | 2000 DREW STREET | |
| CITY-ST-ZIP | CLEARWATER FL 34625 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | VLAMAKIS, PATRICIA | |
| STREET ADDRESS | 2000 DREW STREET | |
| CITY-ST-ZIP | CLEARWATER FL 34625 | |
| 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"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
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| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

James Pallas 1/22/03 (727) 446-7207

Date

Daytime Phone #

CR2E034 (10/02)