

2000 UNIFORM BUSINESS REPORT (UBR)

5/

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

05-08-2000 90212 008 ***150.00

DOCUMENT # P96000048258

1. Entity Name

DAVID SANIS, INC.

Principal Place of Business

**3018 NAPOLEAN AVE
TAMPA FL 33611
US**

Mailing Address

**612 SO GREENWOOD AVENUE
CLEARWATER FL 33756-5610
US**

2. Principal Place of Business

7701 LANDMARK WAY

Suite, Apt. #, etc.

3. Mailing Address

7701 LANDMARK WAY

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

4. FEI Number

59-3383139

Applied For

Not Applicable

Zip

33615

Country

USA

Zip

FL

Country

33615

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**REGISTERED CORPORATE AGENTS, INC.
612 SO. GREENWOOD AVENUE
CLEARWATER FL 34616**

7. Name and Address of New Registered Agent

Name

DAVID SANIS

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

7701 LANDMARK WAY

City

TAMPA

FL

Zip Code

33615

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

4/26/00

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 Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PS** ☐ Delete
NAME **SANIS, DAVID**
STREET ADDRESS **3018 NAPOLEAN AVE**
CITY-ST-ZIP **TAMPA FL 33611**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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)(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

D. SANIS

6/26

Date

803 639 1900

Daytime Phone #

CR2E034 (9/99)