

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91751 047 ***150.00

DOCUMENT # **P 96000078362**

1. Entity Name

Argyros Enterprises

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

25339 NW Walker Pkts Rd

3. Mailing Address

25339 NW Walker Pkts Rd

Suite, Apt. #, etc.

Lot K

Suite, Apt. #, etc.

Lot K

City & State

ALTA 71

City & State

ALTA 71

Zip

32421

Country

Calhoun

Zip

32421

Country

Calhoun

4. FEI Number

05-0696320

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

PATRICIA ARGYROS

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

25339 NW Walker Pkts Rd Lot K

City

ALTA

FL

Zip Code

32421

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICIA ARGYROS

5/010/02

Date

Daytime Phone #

850-7629656

CR2E034B (12/01)