

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000035271

1. Entity Name

LAIOS ENTERPRISES, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90089 009 ***150.00

Principal Place of Business

1401 N. WESTSHORE BLVD
114
TAMPA FL 33-6070

Mailing Address

2322 LANDING WAY
PALM HARBOR FL 34684-1720

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

1401 N. Westshore Blvd #114

Suite, Apt. #, etc.

114

City & State

TAMPA, FL

Zip

33607

Country

Hillsborough



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3440781

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAIOS, STAN
2322 LANDING WAY
PALM HARBOR FL 34684

7. Name and Address of New Registered Agent

Name

JOHN CHIONOS

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

1401 N. Westshore Blvd. #114

City

TAMPA

FL

Zip Code

33607

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.

John Chionos, Vice President

(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 \$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	PTD	<input checked="" type="checkbox"/> Delete
NAME	LAIOS, STASSINOS	
STREET ADDRESS	2322 LANDING WAY	
CITY-ST-ZIP	PALM HARBOR FL 34684	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Dir, Pres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TED LAIOS	
STREET ADDRESS	1401 N. Westshore Blvd #114	
CITY-ST-ZIP	Tampa, FL 33607	
TITLE	Dir, V Pres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN CHIONOS	
STREET ADDRESS	1401 N. Westshore	
CITY-ST-ZIP	Tampa, FL 33607	
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		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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: *John Chionos*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Chionos

4-26-00

Date

Daytime Phone #

CR2E034 (9/99)