

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000036490

1. Entity Name
HOUVARDAS, INC.

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

04-26-2000 90181 022 ***150.00

Principal Place of Business
**2601 HAVENDALE BLVD.
WINTER HAVEN FL 33881-1825**

Mailing Address
**2601 HAVENDALE BLVD.
WINTER HAVEN FL 33881-1825**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3442686

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

**HOUVARDAS, PAUL
2601 HAVENDALE BLVD.
WINTER HAVEN FL 33881-1825**

7. Name and Address of New Registered Agent

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 \$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
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
HOUVARDAS, PAUL
2601 HAVENDALE BLVD.
WINTER HAVEN FL 33881-1825**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VSTD
HOUVARDAS, JOHN
2601 HAVENDALE BLVD.
WINTER HAVEN FL 33881-1825**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN HOUVARDAS

4-19-00

Daytime Phone #