

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED

Jun 07, 2000 8:00 am
Secretary of State

05-15-2000 90315 031 ***150.00

DOCUMENT # P97000102243

1. Entity Name

AGEAN BREEZE, INC.

Principal Place of Business

Mailing Address

911-A GULF BREEZE PKWY.
GULF BREEZE FL 32561
US

911-A GULF BREEZE PKWY.
GULF BREEZE FL 32561-4700
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3480028

Applied For

Not Applicable

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

VARVOURIS, STAVROS N
911-A GULF BREEZE PKWY.
GULF BREEZE FL 32561

Name STAVROS N. VARVOURIS

Street Address (P.O. Box Number is Not Acceptable)
913 Gulf Breeze Pkwy Unit 20

Moving to Gulf Breeze, FL

FL

Zip Code

32561

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST
NAME VARVOURIS, STAVROS N
STREET ADDRESS 1745 FAIRCHILD ST.
CITY-ST-ZIP PENSACOLA FL 32504

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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CITY-ST-ZIP

☐ 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:

STAVROS N. VARVOURIS
Vice President

4/27/00 850 916
Date Daytime Phone # 0480

STAVROS N. VARVOURIS

6/2/2000

CR2E034 (9/99)