

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000102243

1. Entity Name
AGEAN BREEZE, INC.

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90029 021 ***150.00

Principal Place of Business

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

Mailing Address

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

913 Gulf Breeze Pkwy
Suite Apt. #, etc.
20

3. Mailing Address

913 Gulf Breeze Pkwy
Suite Apt. #, etc.
20

City & State
Gulf Breeze FL

City & State
Gulf Breeze FL

4. FEI Number 59-3480028

Applied For
Not Applicable

Zip
32561

Country
Santa Rosa

Zip
32561

Country
Santa Rosa

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
913 GULF BREEZE PKWY.
UNIT 20
GULF BREEZE FL 32561

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
VARVOURIS, STAVROS N
1745 FAIRCHILD ST.
PENSACOLA FL 32504 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V-PST
Varvouris, Tina M
1754 Fairchild St.
Pensacola, FL 32504 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
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 affidavit, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STAVROS N. VARVOURIS Jan 12 2001 850-916-0430

Date

Daytime Phone #

CR2E034 (10/00)