

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000011073

1. Entity Name

VOSKO PROPERTIES, INC.

FILED

Feb 19, 2001 8:00 am  
Secretary of State

02-19-2001 90070 022 \*\*\*150.00

Principal Place of Business

Mailing Address

2469 ENTERPRISE RD  
STE B  
CLEARWATER FL 33763

2469 ENTERPRISE RD  
STE B  
CLEARWATER FL 33763

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 59-3505580

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

STAVROS TINGIRIDES, ESQ.  
2469 ENTERPRISE RD  
STE B  
CLEARWATER FL 33763

Name STAVROS TINGIRIDES, ESQ

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

804 N. BELCHER RD.

STE 100

City CLEARWATER

FL

Zip Code 33765

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.

STAVROS TINGIRIDES

(NOTE: Registered Agent signature required when reinstating)

DATE

2/1/01

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 ☒ Delete  
NAME DRIS, MICHAEL E  
STREET ADDRESS 2469 ENTERPRISE RD STE B  
CITY-ST-ZIP CLEARWATER FL

TITLE ☒ Change ☐ Addition  
NAME DP  
STREET ADDRESS MICHAEL E. DRIS, ESQ.  
CITY-ST-ZIP 2469 ENTERPRISE RD. STE B  
CLEARWATER FL 33763

TITLE ☒ Delete  
NAME TINGIRIDES, STAVROS  
STREET ADDRESS 2469 ENTERPRISE RD STE B  
CITY-ST-ZIP CLEARWATER FL

TITLE ☒ Change ☐ Addition  
NAME DV  
STREET ADDRESS STAVROS TINGIRIDES ESQ  
CITY-ST-ZIP 804 N. BELCHER RD. STE 100  
CLEARWATER FL 33765

TITLE ☒ Delete  
NAME PARIANOS, IRINI  
STREET ADDRESS 2469 ENTERPRISE RD STE B  
CITY-ST-ZIP CLEARWATER FL

TITLE ☒ Change ☐ Addition  
NAME DS  
STREET ADDRESS IRINI K. PARIANOS  
CITY-ST-ZIP 2469 ENTERPRISE RD. STE B  
CLEARWATER FL 33763

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL E DRIS, 2/1/01

Date

(727) 712-9121

Daytime Phone #

CR2E034 (10/00)