

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 22, 2000 8:00 am**  
**Secretary of State**  
 02-22-2000 90001 043 \*\*\*150.00

**DOCUMENT # P99000012673**  
 Entity Name  
**LOUIS INDUSTRIAL PARK, INC.**

Principal Place of Business  
**NORTH PINELLAS AVE.**  
**SPRINGS FL 34689**

Mailing Address  
**ONE NORTH PINELLAS AVE.**  
**TARPON SPRINGS FL 34689-3415**

**00023458**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip

Country

4. FEI Number  
**59-3622826**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**GIALOUSIS, MIKE**  
**ONE NORTH PINELLAS AVE.**  
**TARPON SPRINGS FL 34689**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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**

**OFFICERS AND DIRECTORS**

**12.**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

OFFICERS AND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>D</b>	NAME	
<b>GIALOUSIS, MIKE</b>	STREET ADDRESS	
<b>ONE NORTH PINELLAS AVE.</b>	CITY - ST - ZIP	
<b>TARPON SPRINGS FL 34689</b>		
<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	NAME	
	STREET ADDRESS	
	CITY - ST - ZIP	
<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	NAME	
	STREET ADDRESS	
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	NAME	
	STREET ADDRESS	
	CITY - ST - ZIP	

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:** *Mike Gialousis* **REQUIRED** **2/15/00** **727 942-0491**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)