

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000052335

1. Entity Name
ARCHONTAKIS PAINTING, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90115 008 ***150.00

Principal Place of Business
2835 ST. JOHN DRIVE
CLEARWATER FL 33759

Mailing Address
2835 ST. JOHN DRIVE
CLEARWATER FL 33759

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 **59-3578824**

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

ARCHONTAKIS, ANGELLO
2835 ST. JOHN DRIVE
CLEARWATER FL 33759

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 *Angello Archontakis, PRES.* **ANGELLO ARCHONTAKIS, PRES.** **FEBRUARY 27, 2001**

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent's 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	PD	<input type="checkbox"/> Delete
NAME	ARCHONTAKIS, ANGELLO	
STREET ADDRESS	2835 ST. JOHN DRIVE	
CITY - ST - ZIP	CLEARWATER FL 33759	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ARCHONTAKIS, CONSTANTINOS	
STREET ADDRESS	2835 ST. JOHN DRIVE	
CITY - ST - ZIP	CLEARWATER FL 33759	
TITLE		<input type="checkbox"/> Delete
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CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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, without other authority empowered.

SIGNATURE: *Angello Archontakis, PRES.* **ANGELLO ARCHONTAKIS, PRES.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)