

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90124 049 ***150.00

0427452

DOCUMENT # P99000109220

1. Entity Name

MID-STAR CONSTRUCTION, INC.

Principal Place of Business

3733 LEEDS CT., #103
PALM HARBOR FL 34685

Mailing Address

3733 LEEDS CT., #103
PALM HARBOR FL 34685

610802

2. Principal Place of Business

722 Northlake Blvd

3. Mailing Address

722 Northlake Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tarpon Springs, FL

City & State

Tarpon Springs, FL 34689

4. FEI Number

59-3614201

Applied For

Not Applicable

Zip

34689

Country

USA

Zip

34689

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

TSALICKIS, DIMITRIOS
3733 LEEDS CT., #103
PALM HARBOR FL 34685

7. Name and Address of New Registered Agent

Name

722 Northlake Blvd

Tarpon Springs

FL

34689

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]

(NOTE: Registered Agent signature required when reinstating)

1/17/01

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

TITLE	D	<input type="checkbox"/> Delete
NAME	TSALICKIS, DIMITRIOS	
STREET ADDRESS	3733 LEEDS CT., #103	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	D	<input type="checkbox"/> Delete
NAME	TSALICKIS, EVE	
STREET ADDRESS	3733 LEEDS CT., #103	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D, P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	722 Northlake Blvd	
STREET ADDRESS	Tarpon Springs, FL 34689	
CITY-ST-ZIP		
TITLE	D, S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	722 Northlake Blvd	
STREET ADDRESS	Tarpon Springs, FL 34689	
CITY-ST-ZIP		
TITLE	D, T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Julia Leontaritis	
STREET ADDRESS	1040 Wideview	
CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE	D, V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George Tsalickis	
STREET ADDRESS	1040 Wideview	
CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/01

Date

Daytime Phone #

CR2E034 (10/00)