

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90276 007 \*\*\*150.00

**DOCUMENT # S62020**

**1. Entity Name**  
**KALOGRIDIS RENTAL CORP.**

**Principal Place of Business**

**505 AVE A. N.W.**  
**STE 300**  
**WINTER HAVEN FL 33881**  
**US**

**Mailing Address**

**P. O. BOX 1378**  
**WINTER HAVEN FL 33882**  
**US**

**2. Principal Place of Business**

**1294 Mirror Terrace, NW**

Suite, Apt. #, etc.

**3. Mailing Address**

Suite, Apt. #, etc.

**City & State**

**Winter Haven, Florida**

**City & State**

**4. FEI Number**

**65-0309073**

**Applied For**

**Not Applicable**

**Zip**  
**33881**

**Country**  
**USA**

**Zip**

**Country**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

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

**KALOGRIDIS, PETER G.**  
**1294 MIRROR TERRACE NW**  
**WINTER HAVEN FL 33881**

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

**Name**  
**Peter G. Kalogridis II**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**1294 Mirror Terrace, NW**  
**City**  
**Winter Haven** **FL** **Zip Code**  
**33881**

**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]*

**Peter G. Kalogridis II**

**April 30, 2002**

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, 2002 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**

<b>TITLE</b>	<b>PTD</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>KALOGRIDIS, PETER G</b>	
<b>STREET ADDRESS</b>	<b>1294 MIRROR TERRACE, N.W.</b>	
<b>CITY-ST-ZIP</b>	<b>WINTER HAVEN FL</b>	
<b>TITLE</b>	<b>VSD</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>KALOGRIDIS, MITCHELL</b>	
<b>STREET ADDRESS</b>	<b>456 SAN JOSE</b>	
<b>CITY-ST-ZIP</b>	<b>WINTER HAVEN FL 33884</b>	
<b>TITLE</b>	<b>D</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>KALOGRIDIS, MITCHELL</b>	
<b>STREET ADDRESS</b>	<b>456 SAN JOSE</b>	
<b>CITY-ST-ZIP</b>	<b>WINTER HAVEN FL 33884</b>	
<b>TITLE</b>	<b>D</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>KALOGRIDIS, PETER G.</b>	
<b>STREET ADDRESS</b>	<b>1294 MIRROR TERRACE NW</b>	
<b>CITY-ST-ZIP</b>	<b>WINTER HAVEN FL</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

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

<b>TITLE</b>	<b>PTSD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>Peter G. Kalogridis II</b>	
<b>STREET ADDRESS</b>	<b>1294 Mirror Terrace, NW</b>	
<b>CITY-ST-ZIP</b>	<b>Winter Haven, FL 33881</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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

**4/30/02**

**863-679-3545**

Date

Daytime Phone #

CR2E034 (9/01)