

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State
 05-05-2001 90369 007 ***150.00

DOCUMENT # S85888 1. Entity Name PETER FATOLITIS, CONSULTING, INC.																																																																																																											
Principal Place of Business 2748 HAMBLE VILLAGE LANE PALM HARBOR FL 34684 US		Mailing Address 2748 HAMBLE VILLAGE LANE PALM HARBOR FL 34684 US																																																																																																									
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																																									
City & State		City & State																																																																																																									
Zip	Country	Zip	Country																																																																																																								
6. Name and Address of Current Registered Agent FATOLITIS, PETER P. 2748 HAMBLE VILLAGE LANE PALM HARBOR FL 35684		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																																																																																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																											
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>		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. <input type="checkbox"/>		\$8.75 Additional Fee Required																																																																																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left; padding: 2px;">11. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left; padding: 2px;">12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">PVS</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">FATOLITIS, PETER P.</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">2748 HAMBLE VILLAGE LANE</td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">PALM HARBOR FL</td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">T</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">FATOLITIS, PETER P.</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">2748 HAMBLE VILLAGE LANE</td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">PALM HARBOR FL</td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>				11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE	PVS	TITLE		NAME	FATOLITIS, PETER P.	NAME		STREET ADDRESS	2748 HAMBLE VILLAGE LANE	STREET ADDRESS		CITY-ST-ZIP	PALM HARBOR FL	CITY-ST-ZIP			<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	T	TITLE		NAME	FATOLITIS, PETER P.	NAME		STREET ADDRESS	2748 HAMBLE VILLAGE LANE	STREET ADDRESS		CITY-ST-ZIP	PALM HARBOR FL	CITY-ST-ZIP			<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		TITLE		NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP			<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		TITLE		NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP			<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		TITLE		NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP			<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																																																																									
TITLE	PVS	TITLE																																																																																																									
NAME	FATOLITIS, PETER P.	NAME																																																																																																									
STREET ADDRESS	2748 HAMBLE VILLAGE LANE	STREET ADDRESS																																																																																																									
CITY-ST-ZIP	PALM HARBOR FL	CITY-ST-ZIP																																																																																																									
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																								
TITLE	T	TITLE																																																																																																									
NAME	FATOLITIS, PETER P.	NAME																																																																																																									
STREET ADDRESS	2748 HAMBLE VILLAGE LANE	STREET ADDRESS																																																																																																									
CITY-ST-ZIP	PALM HARBOR FL	CITY-ST-ZIP																																																																																																									
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																								
TITLE		TITLE																																																																																																									
NAME		NAME																																																																																																									
STREET ADDRESS		STREET ADDRESS																																																																																																									
CITY-ST-ZIP		CITY-ST-ZIP																																																																																																									
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																								
TITLE		TITLE																																																																																																									
NAME		NAME																																																																																																									
STREET ADDRESS		STREET ADDRESS																																																																																																									
CITY-ST-ZIP		CITY-ST-ZIP																																																																																																									
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																								
TITLE		TITLE																																																																																																									
NAME		NAME																																																																																																									
STREET ADDRESS		STREET ADDRESS																																																																																																									
CITY-ST-ZIP		CITY-ST-ZIP																																																																																																									
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																								
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: PETER P. FATOLITIS																																																																																																											
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 4/22/01	Daytime Phone #: 727-789-9320																																																																																																								



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)