

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90114 041 ***150.00

DOCUMENT # V63740

1. Entity Name
TARPON RENTAL CENTER, INC.

Principal Place of Business
1411 GARDEN AVENUE
TARPON SPRINGS FL 34689

Mailing Address
1411 GARDEN AVENUE
TARPON SPRINGS FL 34689

2. Principal Place of Business

209 Tarpon Industrial Dr.
 Suite, Apt. #, etc.

3. Mailing Address

931 Bayshore Dr.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Tarpon Springs, FLA.
Zip
34689

Country
U.S.A.

City & State
Tarpon Springs, FLA.
Zip
34689

Country
U.S.A.

4. FEI Number **59-3163671**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHRYSAKIS, NAOMI
931 BAYSHORE DR
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

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 *Naomi Chrysis*

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

(NOTE: Registered Agent signature required when reinstating)

Feb. 19, 02

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

TITLE **PD** ☐ Delete
NAME **CHRYSAKIS, CHRISOSTOMOS**
STREET ADDRESS **1411 GARDEN AVENUE**
CITY-ST-ZIP **TARPON SPRINGS FL**

TITLE **STD** ☐ Delete
NAME **CHRYSAKIS, NAOMI**
STREET ADDRESS **1411 GARDEN AVENUE**
CITY-ST-ZIP **TARPON SPRINGS FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *Naomi Chrysis* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/02 *727-938-5388*

Date

Daytime Phone #

CR2E034 (9/01)