2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State
02-14-2000 90023 038 ***150.00

DOCUMENT # F57777

1. Entity Name

TELLY'S INCORPORATED

Principal Place of Business	Mailing Address
% TILEMACHOS KOMNINOS 7840 SEMINOLE MALL SEMINOLE FL 34642-4703	% TILEMACHOS KOMNINOS 7840 SEMINOLE MALL SEMINOLE FL 33772-4703

DO NOT WRITE IN THIS SPACE

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 59-2142680 — Applied For / Not Applied For

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
KOMNINOS, TILEMACHOS 7840 SEMINOLE MALL SEMINOLE FL 33542	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 _____
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, 2000 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	VD ☐ Delete	TITLE	☐ Change ☐ Additio
NAME	BOULIERIS, GEORGE	NAME	
STREET ADDRESS	2399 PARKSTREAM AVE	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 00000	CITY-ST-ZIP	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Additio
NAME	KOMNINOS, TILEMACHOS	NAME	
STREET ADDRESS	101 S ORION AVENUE	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 00000	CITY-ST-ZIP	
TITLE	DR ☐ Delete	TITLE	☐ Change ☐ Additio
NAME	~~KOMNINOS~~, RENA S KOMNINOS, RENA S	NAME	
STREET ADDRESS	101 S ORION AVE	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34279	CITY-ST-ZIP	
TITLE	DR ☐ Delete	TITLE	☐ Change ☐ Additio
NAME	~~BOULIORIS, ORTINIA~~ BOULIERIS, ORTINIA	NAME	
STREET ADDRESS	2799 PARK TERR AVE	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 31115	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Additio
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Additio
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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] PRES. Feb 8-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #