2001 UNIFORM BUSINESS REPORT (UBR)

May 17, 2001 8:00 am Secretary of State DOCUMENT # N9700005052 05-17-2001 91304 039 ****61.25 AGIOS PANTELEIMON, INC., KALYMNIAN SOCIETY Principal Place of Business Mailing Address **42 MORGAN STREET 42 MORGAN STREET** TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3471463 Not Applicable Country \$8.75 Additional Country Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SADORF, RICK W 2623 MCCORMICK DRIVE SUITE 105 Zip Code City **CLEARWATER FL 33759** 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Department of State Trust Fund Contribution. Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition TITLE ☐ Delete TITLE PANTELIS, MARIA NAME NAME STREET ADDRESS 1298 HILL SIDE OR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TARPON SPRINGS FL 34689** Change ☐ Addition D۷ ☐ Delete TITLE SAZALIS, NICK MARAE STREET-ADDRESS -1502-CROMWELL-DR----STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS FL 34689 CITY-ST-ZIP ☐ Addition Change ☐ Delete TIT) E TITLE IKONDMOU, LITSA NAME NAME STREET ADDRESS 500 HOPE ST STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **TARPON SPRINGS FL 34689** ☐ Change ☐ Addition ☐ Defete TITLE TITLE HATZILERIS, TONY NAME NAME STREET ADDRESS 132 ATHENS ST STREET ADDRESS CITY-ST-7IP CITY-ST-7IP **TARPON SPRINGS FL 34689** ! 🔲 Change ☐ Addition TITI F ☐ Delete TITLE STILIANOS, IRENE NAME NAME STREET ADDRESS STREET ADDRESS 314 BATH ST. CITY-ST-ZIP CITY-ST-ZIP **TARPON SPRINGS FL 34689** ☐ Change ☐ Addition ☐ Delete TITLE TITLE KOUSKOUTIS, GEORGE NAME NAME STREET ADDRESS STREET ADDRESS 719 HIDDEN LAKE DR CITY-ST-ZIP CITY-ST-ZIP TARPON SPRINGS FL 34689

FILED

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: