## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE:

ado

## Apr 22, 2002 8:00 am Secretary of State P95000047816 DOCUMENT # 1. Entity Name 04-22-2002 90183 024 \*\*\*150.00 HAINES CITY SEAFOOD & STEAKS, INC. Mailing Address Principal Place of Business 608 US HIGHWAY 27 NO 608 US HIGHWAY 27 NO HAINES CITY FL 33844 HAINES CITY FL 33844 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3326627 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired $\Box$ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KARABANIS, DIMITRIOS Street Address (P.O. Box Number is Not Acceptable) 608 US HIGHWAY 27 NO HAINES CITY FL 33844 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. $\Box$ Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Change TITI F ☐ Delete TITLE KARABANIS, DIMITRAIOS NAME NAME STREET ADDRESS 608 US HIGHWAY 27 NO STREET ADDRESS HAINES CITY FL 33844 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE VD TITLE NAME ARVANITAKIS, GEORGE NAME 608 US HIGHWAY 27 NO STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HAINES CITY FL 33844 CITY-ST-ZIP ☐ Change Addition Delete ---TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

CR2E034 (9/01

FILED