2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 26, 2001 8:00 am Secretary of State **DOCUMENT # 510341** 1. Entity Name **DEMETRIOS PIZZA HOUSE, INC.** 01-26-2001 90049 014 ***150.00 Principal Place of Business Mailing Address 1720 CORTEZ ROAD WEST 1720 CORTEZ ROAD WEST **BRADENTON FL 34207 BRADENTON FL 34207** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1716896 Not Applicable Zip Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SOKOS, GUS Street Address (P.O. Box Number is Not Acceptable) 1307 82ND ST NW **BRADENTON FL 34209** 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) FILE NOW!!! FEE IS \$150.00 •9.-This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. SD TITLE **Change** ☐ Delete TITLE ☐ Addition SOKOS, GUS NAME 50K0S NAME GUS D. 4203 STREET ADDRESS 1307 82ND ST NW STREET ADDRESS 18TH ST W CITY-ST-ZIP **BRADENTON FL 34209** CITY-ST-ZIP BRADENTON, FL 34205 **X** Delete TITLE ☐ Addition ☐ Channe SOKOS, ELENI NAME NAME 5208 18TH AVE DR WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON FL 34209 CITY-ST-ZIP TITLE TITLE ☐ Change Delete ___ _ 🔲 Addition LUDERA, PAULA NAME NAME STREET ADDRESS 5203 18TH AVE DR WEST STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34209** CITY-ST-ZIP ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

AND TYPED OR PRINTED NAME OF