2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 27, 2001 8:00 am Secretary of State **DOCUMENT # F63653** K. BOURIS AND SON, INC. 04-27-2001 90351 043 ***150.00 Principal Place of Business Mailing Address 4055 LOUIS AVENUE 4055 LOUIS AVENUE HOLIDAY FL 34691-5656 HOLIDAY FL 34691-5656 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 59-2164207 No: Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Bequired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **BOURIS, MARIA** Street Address (P.O. Box Number is Not Acceptable) 4055 LOUIS AVE HOLIDAY FL 34691 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 brinted 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 FILE NOW!!! FEE IS \$150.00 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. TiTi F □ Delete TITLE Addition NAME **BOURIS, MARIA** NAME 834 RIVERSIDE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TARPON SPGS. FL CITY-ST-7IP TITLE ☐ Delete TiT! F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TiT1 F ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-Z!P TITLE ☐ Delete TITLE □ Change Add tion NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP T:T:E ☐ Delete TITLE Change Acdition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP

13. Thereby 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 eath; 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.

MARIA BOURIS 4-17-01 7779472733