

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90192 036 ***150.00

DOCUMENT # **H27344**

1. Entity Name
Costas Restaurant And Greek Cuisine, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

521 Athens Street

Suite, Apt. #, etc.

3. Mailing Address

521 Athens Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tarpon Springs, FL

City & State

Tarpon Springs, FL

4. FEI Number

65-1056401

Applied For

Not Applicable

Zip

Country

34689-3105

USA

Zip

Country

34689-3105

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Naomi Kitsos

Street Address (P.O. Box Number is Not Acceptable)

521 Athens Street

City

Tarpon Springs

FL

Zip Code

34689-3105

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DP
Naomi Kitsos
121 West Cedar St.
Tarpon Springs, FL 34689

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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CITY-ST-ZIP

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IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with or without other like empowered.

SIGNATURE: **X**

Naomi Kitsos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Naomi Kitsos

Date

4/29/03

Daytime Phone #

CR2E034B (12/02)