2002 Uniform Business Report (UBR)

Apr 17, 2002 8:00 am Secretary of State DOCUMENT # J31460 1. Entity Name TONY EKONOMOU BUILDER, INC. 04-17-2002 90076 019 ***150.00 Principal Place of Business Mailing Address 907 OAK HOLLOW PLACE 907 OAK HOLLOW PLACE BRANDON FL 33510-2737 BRANDON FL 33510-2737 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 59-2723268 Not Applicable Zip Country Zip 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 **EKONOMOU, ANTHONY** Street Address (P.O. Box Number is Not Acceptable) 907 OAK HOLLOW PLACE BRANDON FL 33511 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2002 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 TITLE ☐ Delete ☐ Change ☐ Addition **EKONOMOU, ANTHONY** NAME STREET ADDRESS 907 OAK HOLLOW PLACE STREET ADDRESS BRANDON FL CITY-ST-7IP CITY-ST-ZIP **DST** TITLE ☐ Delete TITLE Change □ Addition EKONOMOU, DIANA C. NAME NAME 907 OAK HOLLOW PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRANDON FL** CITY-ST-7P Delete TITLE TITLE Change ☐ Addition NAME . NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

FILED

CR2E034 (9/01