

DOCUMENT # L01060

1. Entity Name

PETER AND FRANCES, INC. ✓

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90037 008 ***150.00

Principal Place of Business

Mailing Address

~~G/O PETER KYRIAKOPOULOS -
1430 N. TAMMAM TRAIL
NORTH FORT MYERS FL 33903-5030~~

G/O PETER KYRIAKOPOULOS
1430 N. TAMMAM TRAIL
NORTH FORT MYERS FL 33903-5030

2. Principal Place of Business

504 US HIGHWAY 27 N

3. Mailing Address

504 US HIGHWAY 27 N

Suite, Apt. # etc

Suite, Apt. # etc

City & State

AVON PARK FL

City & State

AVON PARK FL

Zip

33205

Country

Zip

33205

Country

4. FEI Number

65-0131209

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TSAKALOS, DIMITRIOS
6424 GRANADA BLVD
SEBRING FL 33872

7. Name and Address of New Registered Agent

Name

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

5249 MAGNOLIA PL

City

FL

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

Dimitrios Tsakalos

Signature, last or omitted name of registered agent and the filer's name

(NOTE: Registered Agent signature required when re-registering)

Date

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so
(See criteria on back)

FILE NOW!! FEE IS \$150.00
After MAY 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	TSAKALOS, DIMITRIOS	6424 GRANADA BLVD	SEBRING FL 33872	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		5249 MAGNOLIA PL		<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 unchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE

Dimitrios Tsakalos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-24-2000 941)452-2700

Date

Secretary of State

CREDDA (9/99)