

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90227 019 \*\*\*150.00

DOCUMENT # **L04396**

1. Entity Name

**SUPREME LEISURE U.S., INC.**

Principal Place of Business

~~2877 Ringwood Meadow Dr.~~

~~Sarasota, FL 34235~~

**2017 Monroe St.**

**Ft. Myers, FL 33907**

Mailing Address

~~2877 Ringwood Meadow Dr.~~

~~Sarasota, FL 34235~~

**2017 Monroe St.**

**Ft. Myers, FL 33907**

2. Principal Place of Business

**102 Pondella Road**

Suite, Apt. #, etc.

3. Mailing Address

**102 Pondella Road**

Suite, Apt. #, etc.

**L0100011**

DO NOT WRITE IN THIS SPACE

City & State  
**N. Ft. Myers, FL 33902**

City & State  
**N. Ft. Myers, FL 33902**

4. FEI Number  
**59-2965816**

Applied For  
☐ Not Applicable

Zip  
**33902**

Country  
**USA**

Zip  
**33902**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

~~Jack Xioutas~~ **Annalisa Xioutas**  
~~2877 Ringwood Meadow Drive~~  
**Sarasota, Florida 34235**

## 7. Name and Address of New Registered Agent

Name **(SAME) Annalisa Xioutas**  
 Street Address (P.O. Box Number is Not Acceptable)  
~~102 Pondella Road~~ **2017 Monroe St.**  
 City **Ft. Myers** **FL** Zip Code **33902**

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 

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-17-00**

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 1, 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	Manager	<input type="checkbox"/> Delete
NAME	Annalisa Xioutas	
STREET ADDRESS	102 Pondella Road	
CITY-ST-ZIP	N. Ft. Myers, FL 33902	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-17-00**

**941/334.1353**

CR2E034 (9/99)