

2000 UNIFORM BUSINESS REPORT (UBR)

Amended: 8/6/25

DOCUMENT # LO4396

1. Entity Name
Supreme Leisure US, Inc.

Principal Place of Business
2017 Monroe St
Ft Myers, FL 33901

Mailing Address
2017 Monroe St
Ft Myers, FL
33901

FILED
 00 JUL 26 AM 9:39
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

2. Principal Place of Business
2017 Monroe St
 Suite, Apt. #, etc.

3. Mailing Address
2017 Monroe St
 Suite, Apt. #, etc.

City & State
Ft Myers, FL

City & State
Ft Myers, FL

Zip
33901

Country
USA

Zip
33901

Country
USA

4. FEI Number
59-2965816

Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Jack Xioutas
2877 Ringwood Meadow Dr
Sarasota FL 334235

7. Name and Address of New Registered Agent
 Name Annalisa C. Xioutas
 Street Address (P.O. Box Number is Not Acceptable) 2017 Monroe St
 City Ft Myers FL 33901

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] Jack Xioutas President 7-12-00
 (NOTE: Registered Agent Signature Required When Instituting)

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 ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<u>President</u>	<input type="checkbox"/> Delete
NAME	<u>Jack Xioutas</u>	
STREET ADDRESS	<u>2877 Ringwood Meadow Dr</u>	
CITY-ST-ZIP	<u>Sarasota, FL 34235</u>	
TITLE	<u>Secretary</u>	<input checked="" type="checkbox"/> Delete
NAME	<u>Jack Xioutas</u>	
STREET ADDRESS	<u>2877 Ringwood Meadow Dr</u>	
CITY-ST-ZIP	<u>Sarasota, FL 34235</u>	
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	<u>President</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Annalisa C. Xioutas</u>	
STREET ADDRESS	<u>2017 Monroe St</u>	
CITY-ST-ZIP	<u>Ft Myers, FL 33901</u>	
TITLE	<u>Secretary</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Annalisa C. Xioutas</u>	
STREET ADDRESS	<u>2017 Monroe St</u>	
CITY-ST-ZIP	<u>Ft Myers, FL 33901</u>	
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] Jack Xioutas, 7-12-00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Annalisa Xioutas 941.324.1353

CR2E034 (9/99)