

**FOR PROFIT CORPORATION**

**2004 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-26-2004 90028 038 \*\*\*150.00

DOCUMENT # **M65480**  
 1. Entity Name  
**ZAHARIAS ENTERPRISES, INC.**



**DO NOT WRITE IN THIS SPACE**

**94020690**

2. Principal Place of Business  
**10 HARRY ZAHARIAS**  
 Suite, Apt. #, etc.  
**3945 AIA SOUTH**  
 City & State  
**ST. AUGUSTINE BEACH, FL**

3. Mailing Address  
**10 HARRY ZAHARIAS**  
 Suite, Apt. #, etc.  
**3945 AIA SOUTH**  
 City & State  
**ST. AUGUSTINE BEACH, FL**

Zip Country Zip Country  
**32080 U.S.A. 32080 U.S.A.**

4. FEI Number  
**59-2869080**

Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**ZAHARIAS, HARRY**

Street Address (P.O. Box Number is Not Acceptable)  
**3945 AIA SOUTH**

City Zip Code  
**ST. AUGUSTINE BEACH, FL 32080**

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 \_\_\_\_\_ (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	<b>DP ZAHARIAS, HARRY 1297 SR 206 SAINT AUGUSTINE, FL, 32086</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE 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 an other like empowered.

SIGNATURE: **X** **HARRY ZAHARIAS, PRESIDENT, 2/23/04, 904-471-4944**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)