

**2005 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED  
Feb 15, 2005 8:00 am  
Secretary of State**

02-15-2005 90019 005 \*\*\*150.00

DOCUMENT # **M65480**

1. Entity Name

**ZAHARIAS ENTERPRISES, INC.**



**DO NOT WRITE IN THIS SPACE**

**40018628**

2. Principal Place of Business

**410 HARRY ZAHARIAS**

Suite, Apt. #, etc.  
**3945 AIA SOUTH**

City & State  
**ST. AUGUSTINE BEACH, FL.**

Zip  
**32080**

Country  
**U.S.A.**

3. Mailing Address

**410 HARRY ZAHARIAS**

Suite, Apt. #, etc.  
**3945 AIA SOUTH**

City & State  
**ST. AUGUSTINE BEACH, FL.**

Zip  
**32080**

Country  
**U.S.A.**

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4. FEI Number

**59-2869080**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name **ZAHARIAS, HARRY**

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

**3945 AIA SOUTH**

City **ST. AUGUSTINE BEACH, FL**

Zip Code **32080**

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IN THIS SPACE**

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 **DP ZAHARIAS, HARRY**  
STREET ADDRESS **1297 SR 206**  
CITY-ST-ZIP **SAINT AUGUSTINE, FL 32086**

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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 all other like empowered.

SIGNATURE: **PRESIDENT HARRY ZAHARIAS, 1/26/2005, (404) 471-4799**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)