

FOR PROFIT CORPORATION
2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90768 050 ***150.00

DOCUMENT # **M65480**

1. Entity Name

ZAHARIAS ENTERPRISES, INC



DO NOT WRITE IN THIS SPACE

10035401

2. Principal Place of Business

C/O HARRY ZAHARIAS

3. Mailing Address

C/O HARRY ZAHARIAS

Suite, Apt. #, etc.

3945 AIA SOUTH

Suite, Apt. #, etc.

3945 AIA SOUTH

City & State

ST. AUGUSTINE BEACH, FL.

City & State

ST. AUGUSTINE BEACH, FL.

4. FEI Number

59-2869080

Applied For

Not Applicable

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Zip

32080

Country

U.S.A.

Zip

32080

Country

U.S.A.

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

32084

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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

Signature, typed or printed name of registered agent and title if applicable.

(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
DP
ZAHARIAS, HARRY
1297 SR 206
SAINT AUGUSTINE, FL. 32086

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 [REPEATED]

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 all other like empowered.

SIGNATURE: **HARRY ZAHARIAS, PRESIDENT, 3/8/03, 904-471-4944**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034B (12/02)