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2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/5/2003-90108-016-\$70.00-\$70.00 FILED DOCUMENT # N0100005688 03 OCT -7 AM 8: 37 THE CHOIR PROMETHEAS, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 2194 MAIN ST., STE. P 2194 MAIN ST., STE, P -DUNEDIN FL 34698 DUNEDIN FL 34898 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Applied For 4. FEI Number 59-3437045 Not Applicable 7in \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New R Name KAKAUS, ACHILLEAS Street Address (P.O. Box Number is Not Acceptable) 2194 MAIN ST., STE. P **DUNEDIN FL 34698** City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 Make Check Payable to Election Campaign Financing \$5.00 May Be After September 10, 2003, min will be \$236.25 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE TITLE ☐ Delete Change ☐ Addition KAKALIS, ACHILLEAS PRESIDENT NAME NAME 2050 KINGFISHER DR. STREET ADDRESS **CR2E037** STREET ADDRESS PALM HARBOR FL 34683. CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE 700023610807 ☐ Addition SKORDIUS, SPYRIDON NAME NAME 10/07/03--01014--029 **8.75 217 ATHENS ST. STREET ADDRESS STREET ACCRESS TARPON SPRINGS FL 34689 CITY-ST-ZIA CITY-ST-ZIP TITLE TITLE ☐ Addition ☐ Change SUBER-ELIZABETH NAME MAM 1153 LANDALL ST. STREET ADDRESS STREET ADDRESS HOLIDAY FL 34690 CITY-ST-ZIP CITY-ST-ZIP MARIO VEMIANITE Delete TITLE Change TITLE ☐ Addition I'VE PRESIDENT 2194 MAIN ST. SUTTEP. NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP CHRIS DIAMANTO POSTOS TITLE TITLE ☐ Change ☐ Addition NAME NAME EXCALIBUR STI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE IIILE Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE REQ SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR