

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90029 023 ****61.25

DOCUMENT # N02000009420

1. Entity Name
THE NEW SCHOOL OF CLASSICAL CERAMICS, INC.



Principal Place of Business
**707 NORTH FRANKLIN STREET STE 725
TAMPA, FL 33602**

Mailing Address
**707 NORTH FRANKLIN STREET STE 725
TAMPA, FL 33602**

94059679



2. Principal Place of Business

12605 RIVERBIRCH DR.

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 67

Suite, Apt. #, etc.

04162004 Chg-NP

CR2E037 (10/03)

City & State

RIVERVIEW, FLORIDA

City & State

RIVERVIEW, FLORIDA

4. FEI Number

05-0543454

Applied For

Not Applicable

Zip

33569

Country

U.S.A.

Zip

33568-0067

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSON, PATRICIA L
707 NORTH FRANKLIN STREET STE 725
TAMPA, FL 33602**

7. Name and Address of New Registered Agent

Name **PATRICIA L. JOHNSON**

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

12605 RIVERBIRCH DRIVE

City

RIVERVIEW

FL

Zip Code

33569

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

Patricia L. Johnson

**PATRICIA L. JOHNSON
SECRETARY**

4/16/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **FOTOPULOS, SARA M**
STREET ADDRESS **707 NORTH FRANKLIN STREET STE 725**
CITY-ST-ZIP **TAMPA, FL 33602**

TITLE **DT** ☐ Delete
NAME **FOTOPULOS, THOMAS E**
STREET ADDRESS **707 NORTH FRANKLIN STREET STE 725**
CITY-ST-ZIP **TAMPA, FL 33602**

TITLE **DS** ☐ Delete
NAME **JOHNSON, PATRICIA L**
STREET ADDRESS **707 NORTH FRANKLIN STREET STE 725**
CITY-ST-ZIP **TAMPA, FL 33602**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☒ Change ☐ Addition
NAME **FOTOPULOS, SARA M.**
STREET ADDRESS **P.O. BOX 67**
CITY-ST-ZIP **RIVERVIEW, FL 33568-0067**

TITLE **DT** ☒ Change ☐ Addition
NAME **FOTOPULOS, THOMAS E.**
STREET ADDRESS **P.O. BOX 67**
CITY-ST-ZIP **RIVERVIEW, FL 33568-0067**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DS** ☒ Change ☐ Addition
NAME **JOHNSON, PATRICIA L.**
STREET ADDRESS **12605 RIVERBIRCH DRIVE**
CITY-ST-ZIP **RIVERVIEW, FL 33569**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

Patricia L. Johnson

PATRICIA L. JOHNSON

4/16/04

(813)

225-4247

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #