≈ 20♦2 UNIFORM BUSINESS REPORT (UBR) **FILED** May 01, 2002 8:00 am Secretary of State DOCUMENT # N9900000153 1. Entity Name ST. NICHOLAS LADIES PHILOPTOCHOS, INC. 05-01-2002 91459 019 ****61.25 Principal Place of Business Mailing Address 20 NORTH PINELLAS AVENUE 23 E TARPON AVE TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3555094 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) KLIMIS, GEORGE N 23 E TARPON AVE **TARPON SPRINGS FL 34689** City Zip Code 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. SIĞNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 П Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 (9/01) TITLE TITLE ☐ Delete ☐ Addition STAVRAKIS, ANDIE NAME NAME 410 GRAND BOULEVARD STREET ADDRESS STREET ADDRESS **TARPON SPRINGS FL 34689** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition CRITIKOS, PANAGIOTA NAME NAME 731 TESSIER DRIVE STREET ADDRESS STREET ADDRESS TARPON SPRINGS FL 34689 CITY-ST-ZIP CITY-ST-ZIP VP. TITLE Delete TITLE ☐: Change — — ☐ Addition ~ ARFARAS, DUCHESS NAME NAME **621 EAST ORANGE STREET** STREET ADDRESS STREET ADDRESS TARPON SPRINGS FL 34689 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition STERGOS, CAROL NAME STREET ADDRESS 8320 W HIAWATHA STREET STREET ADDRESS CITY-ST-ZIP TAMPA FL 33615 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition STAVRAKIS, FALYA NAME NAME STREET ADDRESS 704 BAYSHORE DRIVE STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS FL 34689 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME CHAGARIS, KALOTINA NAME STREET ADDRESS 426 EAST PINE STREET STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS FL 34689 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 of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Steregos 1/2/02 727-229-8865