

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000068260**

1. Entity Name

KATOPODIS HOLDINGS, INC.**FILED**
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90104 038 ***550.00

Principal Place of Business

**4779 HEDGEWOOD DRIVE
TALLAHASSEE FL 32308**

Mailing Address

**4779 HEDGEWOOD DRIVE
TALLAHASSEE FL 32308****00063413**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3842 E. Millers Bridge Rd.

Suite, Apt. #, etc.

3. Mailing Address

3842 E. Millers Bridge Rd.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

59-3659156

Applied For

Not Applicable

Zip

Country

32312

Zip

Country

323125. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KATOPODIS, JOHN
4779 HEDGEWOOD DRIVE
TALLAHASSEE FL 32308**

Name

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

3842 E. Millers Bridge Road

City

Tallahassee**FL**

Zip Code

32312

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		P John Katopodis 3842 E. Millers Bridge Road Tallahassee, FL 32312	
		V,T,S Marilyn Cox 3842 E. Millers Bridge Road Tallahassee, FL 32312	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *J. Katopodis***JOHN KATOPODIS****9/10/01****(850) 24-0120**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)