

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90950 033 \*\*\*150.00

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**DOCUMENT #** P00000090683

**1. Entity Name**  
QUEEN'S PIZZA & RESTAURANT OF TARPON, INC.



**Principal Place of Business**  
40949 U.S. HIGHWAY 19 NORTH  
TARPON SPRINGS FL 34689

**Mailing Address**  
40949 U.S. HIGHWAY 19 NORTH  
TARPON SPRINGS FL 34689



**2. Principal Place of Business** Suite, Apt. #, etc. City & State Zip Country

**3. Mailing Address** Suite, Apt. #, etc. City & State Zip Country

CHECK HERE IF MAKING CHANGES

**4. FEI Number** 59-3672579 Applied For / Not Applicable

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

**6. Name and Address of Current Registered Agent**  
PAPPAS, GEORGE G ESQ.  
901 N. HERCULES AVENUE  
SUITE D  
CLEARWATER FL 33765

**7. Name and Address of New Registered Agent**  
Name: \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
City: \_\_\_\_\_ FL 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. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATHANASATOS, ANTHONY 1719 BAYHILL DRIVE OLDSMAR FL 34677	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>D/V.P. S.</del> ATHANASATOS, ANTHONY 1719 BAYHILL DR. OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/PRES. T. LOUKATARIS, JOHN D. 4688 BRAYTON TERR. S. PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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 Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** JOHN D. LOUKATARIS 1/10/03 727-939-1791

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)