

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

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

04-14-2003 90222 015 ***150.00

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1. Entity Name
 GEORGE'S RESTAURANT INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1765 GULF TO BAY BLVD.

3. Mailing Address

Suite, Apt. #, etc.

City & State

CLEARWATER FL

City & State

4. FEI Number

59-3677839

Applied For

Not Applicable

Zip

33755

Country

FLORIDA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

GEORGE POULOS

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

2448 BUSH TAIL CT.

City

PALM HARBOR

FL

Zip Code

34683

**DO NOT WRITE
 IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
 After May 1 Fee is \$550.00
 Amended UBR is \$61.25
 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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	George Poulos	1765 GULF TO BAY BLVD	PALM HARBOR FL 34683				
	Z Rene Poulos	2448 BUSH TAIL CT.	PALM HARBOR FL 34683				

**DO NOT WRITE
 IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/03
 Date

Daytime Phone #

CR2E034B (12/02)