

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

DOCUMENT # P00000097910
 1. Entity Name
 GEORGE'S RESTAURANT INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 1765 GULF TO BAY BLVD.
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 CLEARWATER FL

City & State

Zip
 33755

Country
 PINELLAS

Zip
 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-3677839

Applied For
 Not Applicable

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

**DO NOT WRITE
 IN THIS SPACE**

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

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 _____

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	P George POULOS 1765 GULF TO BAY BLVD 2448 BUSH TAIL CT. PALM HARBOR FL 34683	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Z RENE POULOS 2448 BUSH TAIL CT. PALM HARBOR FL 34683	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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: 4/10/03 DAYTIME PHONE # _____

CR2E034B (12/02)