

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00000101455**

FILED

1. Entity Name
GIANNIS HOLDINGS, INC.

02 JUL 16 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 4134 GULF OF MEXICO DRIVE SUITE 302 LONGBOAT KEY FL 34228	Mailing Address 4134 GULF OF MEXICO DRIVE SUITE 302 LONGBOAT KEY FL 34228
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1237 GULF STREAM AVE Suite, Apt. #, etc. MARINA TOWER	3. Mailing Address Suite, Apt. #, etc.
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City & State
SARASOTA FLORIDA

City & State

4. FEI Number **65-1075061**

Applied For
Not Applicable

Zip Country
J. S. A

Zip Country

5. 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

**GIANNIS, TOM
4134 GULF OF MEXICO DRIVE
SUITE 302
LONGBOAT KEY FL 34228**

Name **GIANNIS TOM**
Street Address (P.O. Box Number is Not Acceptable)
1237 GULF STREAM
City **FL** Zip Code **34226**

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 _____ (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, 2002 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	PD GIANNIS, TOM 4134 GULF OF MEXICO DRIVE SUITE 302 LONGBOAT KEY FL 34228 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400006531924--2 -07/19/02--01056--019 ****150.00 ****150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GIANNIS, HELEN 4134 GULF OF MEXICO DRIVE SUITE 302 LONGBOAT KEY FL 34228 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)