


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

FILED
Jun 05, 2003 8:00 am
Secretary of State

05-05-2003 91890 047 ***150.00

DOCUMENT # P00000101455

1. Entity Name
GIANNIS HOLDINGS, INC.



Principal Place of Business
**1237 GULF STREAM AVENUE
MARINA TOWER
SARASOTA FL 34236**

Mailing Address
**4134 GULF OF MEXICO DRIVE, SUITE 302
LONG BOAT KEY FL 34228**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
1237 Gulfstream Avenue
Suite, Apt. #, etc.
Marina Tower

City & State
SARASOTA FL.

Zip
34231

Country
U.S.A.



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**GIANNIS, TOM
1237 GULF STREAM AVENUE
MARINA TOWER
SARASOTA FL 34226 34236**

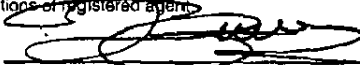
4. FEI Number **65-1075061**

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent
Name **TOM GIANNIS**
Street Address (P.O. Box Number is Not Acceptable)
1237 GULF STREAM AVENUE
Marina Tower
City **SARASOTA FL. 34236 FL** Zip Code **34236**

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  DATE **JAN 29-03**

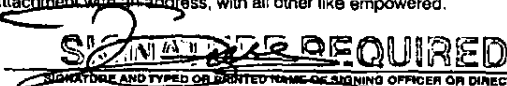
(NOTE: Registered Agent signature required when reinstating)

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	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	GIANNIS TOM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1237 GULFSTREAM AVE. N SARASOTA FL. 34238
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
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
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
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
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

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:  DATE **JAN. 29-03**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

CR2E034 (10/02)