2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2003 8:00 am
Secretary of State

05-29-2003 90136 030 ***150.00

DOCUMENT # P00000109262

1. Entity Name
DANIEL KONDOS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
~~3982 ORCHID HILL CIR~~	~~3982 ORCHID HILL CIR~~
~~PALM HARBOR FL 34684~~	~~PALM HARBOR FL 34684~~
4548 BELFAST DR.	4548 BELFAST DR.
NEW PORT RICHEY, FL 34652	NEW PORT RICHEY, FL 34652

2. Principal Place of Business — 3. Mailing Address

Suite, Apt. #, etc. — Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State — City & State

4. FEI Number 59-3682374 — Applied For / Not Applicable

Zip — Country — Zip — Country

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

6. Name and Address of Current Registered Agent

KONDOS, DANIEL
~~3982 ORCHID HILL CIR~~ 4548 BELFAST DR.
~~PALM HARBOR FL 34684~~ NEW PORT RICHEY, FL 34652

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 [signature] 3/19/03
Signature, typed or printed name of registered agent and title if applicable. (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	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KONDOS, DANIEL	NAME	
STREET ADDRESS	~~3982 ORCHID HILL CIR~~ 4548 BELFAST DR.	STREET ADDRESS	
CITY-ST-ZIP	~~PALM HARBOR FL 34684~~ NEW PORT RICHEY, FL 34652	CITY-ST-ZIP	
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KONDOS, STAVROS	NAME	
STREET ADDRESS	~~3982 ORCHID HILL CIR~~ 4548 BELFAST DR.	STREET ADDRESS	
CITY-ST-ZIP	~~PALM HARBOR FL 34684~~ NEW PORT RICHEY, FL 34652	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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: SIGNATURE REQUIRED DANIEL KONDOS 3/19/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #