2002 UNIFORM BUSINESS REPORT (UBR)

FILED Sep 16, 2002 8:00 am Secretary of State

1. Entity Nam		0005800		05-28-2002 91522 043 ***150.00
1013 FOREST	ce of Business CIR. NGS FL 32708	Mailing Address 1013 FOREST CIR. WINTER SPRINGS FL 3270	08	
2. Principal F	Place of Business	3. Mailing Address	<u>. </u>	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & Stat	е	City & State	<u> </u>	4. FEI Number 59-3676543 Applied For Not Applicable
Zip	Country	Zip	Country	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
KOUKOURAS, MICHAEL 1013 FOREST CIRCLE			Name Street Addr	dress (P.O. Box Number is Not Acceptable)
	SPRINGS FL 32708		City	FL Zip Code
SIGNATURE 9. This corporate filing	signature, typed or printed name of registered egent of oration is eligible to satisfy its Intangible requirement and elects to do so.			10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
11.	OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOUKOURAS, MICHAEL 1013 FOREST CIR. WINTER SPRINGS FL 32708	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition 8
TITLE NAME STREET AOORESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 5
NAME STREET ADDRESS CITY-ST-ZIP		Delete	NAME STHEET ADDRESS CITY-ST-ZIP	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAMÉ STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS		☐ Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition.
CITY-ST-ZIP			VIII VIII VIII	dis Consideration (Consideration Lighter portiful that the information

13. I hereby certify that the information supplied with this filling 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. Kouras 9/10/202 417-31+2600

SIGNATURE REQUIRED SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kon Kouras

Attachmate. # Polooons 800

I DOOS ! DOODON! 2201 = 105522 be ! DOODON 5800

I DOOS ! DOODON 12 | 105522 be ! DOODON 5800

I DOOD ! I DOOD ! I DOODON 5800

I DOOD ! I DOOD ! I DOODON 5800

I DOOD ! I DOOD ! I DOOD ! I DOOD ! I DOODON 5800

I DOOD ! I DOOD !

COLUMN CO

10630000474°E4809 90°P18° 05/30/02 6640430039 ARCHENTO STATE