

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2003 8:00 am**  
**Secretary of State**

05-06-2003 90052 013 \*\*\*158.75

**DOCUMENT # P01000039010**

1. Entity Name  
**THE EKONOMIDES LAW FIRM, P.A.**



Principal Place of Business  
**562 FIRST AVE N  
SAINT PETERSBURG, FL 33701**

Mailing Address  
**562 FIRST AVE N  
SAINT PETERSBURG, FL 33701**

2. Principal Place of Business  
**1733 Hulett Drive**  
Suite, Apt. #, etc.

3. Mailing Address  
**1733 Hulett Drive**  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State  
**Brandon FL**  
Zip  
**33511-2247** Country  
**USA**

City & State  
**Brandon FL**  
Zip  
**33511-2247** Country  
**USA**

4. FEI Number  
**59-3711429**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**EKONOMIDES, ANTHONY C  
562 FIRST AVE N  
SAINT PETERSBURG, FL 33701**

7. Name and Address of New Registered Agent  
Name  
**Kelly Drew**  
Street Address (P.O. Box Number is Not Acceptable)  
**5408 St James Drive**  
City  
**New Port Richey** FL Zip Code  
**34652**

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 **Kelly R Drew**  
Signature, typed or printed name of registered agent and title if applicable.

**Kelly L Drew**  
(NOTE: Registered Agent's signature required when re-stating)

**5-1-03**  
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

TITLE  
**PSTD** ☐ Delete  
NAME  
**EKONOMIDES, ANTHONY C**  
STREET ADDRESS  
**562 FIRST AVE N**  
CITY-ST-ZIP  
**SAINT PETERSBURG, FL 33701**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**PTD** ☒ Change ☐ Addition  
NAME  
**Ekonmides, Anthony C**  
STREET ADDRESS  
**1733 Hulett Drive**  
CITY-ST-ZIP  
**Brandon, FL 33511-2247**

TITLE  
**S** ☐ Change ☒ Addition  
NAME  
**Drew, Kelly**  
STREET ADDRESS  
**5408 St James Drive**  
CITY-ST-ZIP  
**New Port Richey, FL 34652**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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: **Kelly L Drew** **Kelly Drew, Sec** **5-1-03** **(813) 655-0092**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)