

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

5/5/03

05-05-2003 90192 035 ***150.00

DOCUMENT # P01000068328

1. Entity Name
KITSOS LAND CORPORATION



Principal Place of Business
**521 ATHENS ST.
TARPON SPRINGS FL 34689**

Mailing Address
**521 ATHENS ST.
TARPON SPRINGS FL 34689**

33044043



2. Principal Place of Business
521 Athens Street
Suite, Apt. #, etc.

3. Mailing Address
521 Athens Street
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Tarpon Springs Fla.
Zip
34689
Country
U.S.A.

4. FEI Number **59-3732891**
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**DRIS, MICHAEL D ESQ
2469 ENTERPRISE RD., STE. B
CLEARWATER FL 33783**

7. Name and Address of New Registered Agent
Name **Naomi Kitsos**
Street Address (P.O. Box Number is Not Acceptable) **521 Athens Street**
City **Tarpon Springs FL** Zip Code **34689**

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: **Naomi Kitsos** DATE: **5/28/03**
(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	D KITSOS, NAOMI 521 ATHENS ST. TARPON SPRINGS FL 34689	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KITSOS, SARANTIS 521 ATHENS ST. TARPON SPRINGS FL 34689	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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)(l), 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: **Naomi Kitsos** DATE: **4-29-03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)