FILED

2002 UNIFORM BUSINESS REPORT (UBR)

May 05, 2002 8:00 amg DOCUMENT # P01000104019 1. Entity Name 05-05-2002 90065 008 ***150.00 EUROTECH: DESIGNS CUSTOM CABINETRY, INC. Principal Place of Business Mailing Address 201 TARPON INDUSTRAIL CIRCLE SUITE #6 201 TARPON INDUSTRAIL CIRCLE SUITE #6 TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 12 City & State City & State 4. FEI Number 59-3 Applied For 759<u>080</u> Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HATZIANTONIOU, GEORGE Street Address (P.O. Box Number is Not Acceptable)____ 201 TARPON INDUSTRAIL CIRCLE SUITE #6 **TARPON SPRINGS FL 34689** City 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution: Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN .11 TITLE ... ☐ Delete TITLE CR2E034 (9/01) Change ☐ Addition NAME (1995) HATZIANTONIOU, GEORGE NAME STREET ADDRESS 201 TARPON INDUSTRAIL CIRCLE SUITE #6 STREET ADDRESS CITY-ST-ZIP **TARPON SPRINGS FL 34689** CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition NAME PATATOUKOS, ANGELA NAME STREET ADDRESS 201 TARPON INDUSTRAIL CIRCLE SUITE #6 STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS FL 34689 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition 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-7IP 13. 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 trusted empored to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

changed, or on an attachm