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Mar 12, 2003 8:00 am
Secretary of State
02-12-2003 90072 020 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000113900

1. Entity Name
IT'S ALL GREEK TO ME, INC.

Principal Place of Business	Mailing Address
1350 S. HOWARD AVENUE TAMPA FL 33606	1350 S. HOWARD AVENUE TAMPA FL 33606

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number ~~APPLIED FOR~~ 59-3765946 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROTH, ANDRE A 1350 S. HOWARD AVENUE TAMPA FL 33606	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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD ROTH, ANDRES A 1350 S. HOWARD AVENUE TAMPA FL 33606	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: ORIGINAL SIGNATURE REQUIRED Andres A Roth - President 02/07/03 (813) 251-[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Reference # P01000113900

5801908

FTD ADDRESS CHANGE

(Use a pencil) so that your entries can be read accurately by the optical scanning equipment.

An address change here changes your coupons for deposits to this address on the FTD coupons only. Do not use these coupons.

Privacy and Paperwork Reduction Act Notice. Internal Revenue Code section 6302 requires certain taxpayers to make periodic deposits of taxes withheld from employees' wages and salaries. If you do not deposit as required, you must provide the information requested on this form to ensure that you are complying with these laws and to ensure proper crediting of your deposits. Internal Revenue Code section 6109 requires you to provide your employer identification number (EIN). The information may be used to ensure that you are complying with these laws and to ensure proper crediting of your deposits. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia for use in administering their tax laws. It may also be disclosed to other countries pursuant to an income tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

New Address _____

_____

City _____

State _____ Zip _____

Telephone Number (_____) _____

Do not write beyond this line

TEAR OFF HERE

Form 8109-C (Rev. 12-2000)

Employer Identification Number (EIN) OMB No. 1545-0257

59-3765946 240103 3 2

IS ALL GREEK TO ME INC 19
1350 S HOWARD AVE
TAMPA FL 33606-3125

INTERNAL REVENUE SERVICE CENTER
HOLTSVILLE, NY 00501

Send FTD Address Change and correspondence to the IRS address above.