FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000119678

1. Entity Name

PAPPAS-FINANCIAL



FILED

03 APR -8 AM 9:37

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|---------------------|
| 2374 HANOVER | DRIVE PO BOX 2017 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| | 0,00 |

DO NOT WRITE IN THIS SPACE

| City & State DUNEDIN | FLORIDA | City & State DUNEDIN | FLORIDA | 4. FEI Number 30 - 00 30 795 | Applied For Not Applicable |
|----------------------|--------------------------------------|----------------------|--------------|---|-----------------------------------|
| 34698 | Country 25 A. | 34682 | Country USA. | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| | NO SECTION PROGRAMMENTO PROGRAMMENTO | | | 7. Name and Address of Current Register | red Agent |
| | | | Name | | |

DO NOT WRITE IN THIS SPACE

| | Name and Address of | Current Registered Agent | |
|----------|----------------------|--------------------------|--|
| Name TED | PA PPAS | | |
| | Box Number is Not-Ac | | |

| | City DUNEDIN | FL 34198 |
|---------------------|--|--|
| iging its registere | ed office or registered agent, or both, in the Sta | ite of Florida. I am familiar with, and accept |

| 8. | The above named entity submits this st | atement for the purp | ose of changing it | ts registered office | or registered as | gent, or both, | in the State of Florida. | l am familiar with, | and accept |
|----|--|----------------------|--------------------|----------------------|------------------|----------------|--------------------------|---------------------|------------|
| | the obligations of registered agent./ | • | | | | | | | |

| the congetterio of register or agoing | | | |
|---------------------------------------|--|--|------|
| | | | |
| SIGNATURE | | | |
| Signature, typed or printed name | of registered agent and title if applicable. | (NOTE: Registered Agent signature required when reinstating) | DATE |

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRE | CTORS | |
|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TRESIDENT TED PAPPAS 2 374 HANDVER DIN FL | TITLE NAME STREET ADDRESS CITY ST 2P | 000015470410 04/08/0301052001 **150.00 |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | TITLE NAME STREET ADDRESS CITY - ST-ZIP | |
| TITLE NAME STREET ADDRESS (CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DO NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP | IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY: ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED ON PARTEUR NAME OF SIGNING OFFICER OR DIRECTOR

4-3-03

727 733-0464

CR2E034B (12/02)