

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91782 008 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000028243																														
1. Entity Name CHRIS CATERING SERVICE, INC.																														
Principal Place of Business 420 PARK PL, STE 100 CLEARWATER, FL 33759		Mailing Address 420 PARK PL, STE 100 CLEARWATER, FL 33759																												
2. Principal Place of Business 12300 BRITT RD Suite, Apt. #, etc.		3. Mailing Address 12300 BRITT RD Suite, Apt. #, etc.																												
City & State PARRISH, FL Zip 34219 Country USA		City & State PARRISH, FL Zip 34219 Country USA																												
4. FEI Number 01-0619552		Applied For Not Applicable																												
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		<input checked="" type="checkbox"/> CHECK HERE IF MAKING CHANGES																												
6. Name and Address of Current Registered Agent HUBBART, KEVIN J ESQ 420 PARK PL, STE 100 CLEARWATER, FL 33759		7. Name and Address of New Registered Agent Name CHRISTOS SEIRAKIS Street Address (P.O. Box Number is Not Acceptable) 12300 BRITT RD City PARRISH, FL Zip Code 34219																												
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 CHRISTOS SEIRAKIS (PRESIDENT) 5/1/03 <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when changing.) DATE</small>																														
FILE NOW!!! FEE IS \$160.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																												
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th><th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th></tr></thead><tbody><tr><td style="width: 50%; padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="width: 50%; padding: 2px;">D SEIRAKIS, CHRIS 420 PARK PL, STE 100 CLEARWATER, FL 33759 <input type="checkbox"/> Delete</td><td style="width: 50%; padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="width: 50%; padding: 2px;">PD SEIRAKIS, CHRISTOS 12300 BRITT RD PARRISH, FL 34219 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Delete</td><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;">S SEIRAKIS, STAYANOLA 12300 BRITT RD PARRISH, FL 34219 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td></tr><tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Delete</td><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Delete</td><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Delete</td><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Delete</td><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr></tbody></table>			10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEIRAKIS, CHRIS 420 PARK PL, STE 100 CLEARWATER, FL 33759 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEIRAKIS, CHRISTOS 12300 BRITT RD PARRISH, FL 34219 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SEIRAKIS, STAYANOLA 12300 BRITT RD PARRISH, FL 34219 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: CHRISTOS SEIRAKIS 5/1/03 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																														

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CR2E034 (10/02)