2003

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90222 010 ***150.00

DOCUMENT # P02000068574

1. Entity Name
DORAL OF CLEARWATER INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
612 BAYWAY BLVD.

Suite, Apt. #, etc.

City & State
CLEARWATER FL

Zip
33767

Country
PINELLAS

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0711153

☐ Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
STEVE FRANGOS

Street Address (P.O. Box Number is Not Acceptable)
415 E ORANGE ST

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 _____
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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STEVE FRANGOS
STREET ADDRESS	415 E. ORANGE ST
CITY-ST-ZIP	TARPON SPRINGS FL 34689
TITLE	D
NAME	VICTORIA FRANGOS
STREET ADDRESS	415 E. ORANGE ST
CITY-ST-ZIP	TARPON SPRINGS FL 34689
TITLE	
NAME	
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DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/3/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #