

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.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
CLEARWATER FL

City & State

4. FEI Number
01-0711153

Applied For
Not Applicable

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

Zip
33767

Country
PINELLAS

Zip

Country

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

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: _____ Date: **4/13/03** Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)