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Secretary of State
05-05-2003 90113 017 ***150.00

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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000098495

1. Entity Name
Stephen E. Tsolkas, Inc

DO NOT WRITE IN THIS SPACE

44005424

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4553 Grand Blvd, Ste 203	4553 Grand Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 203
City & State: New Port Richey, FL	City & State
Zip: 34652 Country	Zip: 34652 Country

4. FEI Number: 22-3869654 ☐ 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: Stephen E. Tsolkas, INC

Street Address (P.O. Box Number is Not Acceptable): 4553 Grand Blvd, ste 203

City: New Port Richey FL Zip Code: 34652

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: X _____ 4/29/03
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 P NAME Stephen E. Tsolkas STREET ADDRESS 4553 Grand Blvd, Suite 203 CITY-ST-ZIP New Port Richey, FL 34652	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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: X _____ 4/29/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #