

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

05-05-2003 91165 011 ***150.00

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

DOCUMENT # P02000126127																																																																																																																													
1. Entity Name GIANNIS JEWELRY, INC.																																																																																																																													
Principal Place of Business 15579 US HWY 19 N STE 311 CLEARWATER, FL 33764			Mailing Address 15579 US HWY 19 N STE 311 CLEARWATER, FL 33764																																																																																																																										
2. Principal Place of Business 2188 Hartford way Suite, Apt. #, etc.		3. Mailing Address 2188 Hartford way Suite, Apt. #, etc.																																																																																																																											
City & State Clearwater, FL		City & State Clearwater, FL		4. FEI Number 56-2303673																																																																																																																									
Zip 33763		Country 33763		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																																																																																																									
6. Name and Address of Current Registered Agent DASKALOPOULOS, MICHAEL P 15579 US HWY 19 N STE 311 CLEARWATER, FL 33764				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																																																									
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: <u>Michael Daskalos</u> DATE: <u>5/1/03</u> (Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when reappointing))																																																																																																																													
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. ☐ \$5.00 May Be Added to Fees																																																																																																																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> </thead> <tbody> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 50%;">NAME</td> <td style="width: 30%; text-align: right;">Delete ☐</td> <td style="width: 20%;">TITLE</td> <td style="width: 50%;">NAME</td> <td style="width: 30%; text-align: right;">Change ☐ Addition ☐</td> </tr> <tr> <td>STREET ADDRESS</td> <td>DASKALOPOULOS, MICHAEL P</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>2188 HARTFORD WAY CLEARWATER, FL 33763</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">Delete ☐</td> <td>TITLE</td> <td></td> <td style="text-align: right;">Change ☐ Addition ☐</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">Delete ☐</td> <td>TITLE</td> <td></td> <td style="text-align: right;">Change ☐ Addition ☐</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">Delete ☐</td> <td>TITLE</td> <td></td> <td style="text-align: right;">Change ☐ Addition ☐</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">Delete ☐</td> <td>TITLE</td> <td></td> <td style="text-align: right;">Change ☐ Addition ☐</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </tbody> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	Delete ☐	TITLE	NAME	Change ☐ Addition ☐	STREET ADDRESS	DASKALOPOULOS, MICHAEL P		STREET ADDRESS			CITY-ST-ZIP	2188 HARTFORD WAY CLEARWATER, FL 33763		CITY-ST-ZIP			TITLE		Delete ☐	TITLE		Change ☐ Addition ☐	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		Delete ☐	TITLE		Change ☐ Addition ☐	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		Delete ☐	TITLE		Change ☐ Addition ☐	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		Delete ☐	TITLE		Change ☐ Addition ☐	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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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: <u>Michael Daskalos</u> DATE: <u>5/1/03</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																																													

CR2E034 (10/02)