


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

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90231 009 \*\*\*150.00

DOCUMENT # <b>P03000011241</b>	
1. Entity Name <b>GEO'S KITCHEN INC</b>	

**DO NOT WRITE IN THIS SPACE**

**94061092**

2. Principal Place of Business <b>6403 MASSACHUSETTS</b>		3. Mailing Address	
Suite, Apt. #, etc. <b>Units 8-9</b>		Suite, Apt. #, etc.	
City & State <b>New Port Richey</b>		City & State	
Zip <b>34653</b>	Country <b>USA</b>	Zip	Country

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number <b>14-1869136</b>		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name <b>LAW OFFICE OF JOHN D. ANDREOPOLIS</b> Street Address (P.O. Box Number is Not Acceptable) <b>1014 US Hwy 19</b> <b>STE 110</b> City <b>HOLIDAY</b> FL Zip Code <b>34691</b>		

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P SOTIRIOS SARANIS 6403 MASSACHUSETTS AVE New Port Richey FL 34653</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP GEORGIOS SARANIS 6403 MASSACHUSETTS AVE NEW PORT RICHEY FL 34653</b>	TITLE NAME STREET ADDRESS 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**SOTIRIOS SARANIS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)