

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2002 8:00 am**  
**Secretary of State**

09-17-2002 90091 034 \*\*\*150.00

**DOCUMENT # P92000011305**

1. Entity Name  
**DISTINCT DESIGNS BY GIORGIO, INC.**

Principal Place of Business

8100 ULMERTON ROAD  
 9A  
 LARGO FL 33771

Mailing Address

8100 ULMERTON ROAD  
 9A  
 LARGO FL 33771

2. Principal Place of Business

**1135 Starkey Rd.**  
 Suite, Apt. #, etc.  
**# 2**

3. Mailing Address

**1135 Starkey Rd.**  
 Suite, Apt. #, etc.  
**# 2**

City & State

**Largo FL**

City & State

**Largo FL**

4. FEI Number **59-3160240**

Applied For  
 Not Applicable

Zip **33771**

Country **Pinellas**

Zip **33771**

Country **Pinellas**

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

6. Name and Address of Current Registered Agent

**KRATIMENOS, PETER**  
**8100 ULMERTON RD**  
**LARGO FL 34641**

7. Name and Address of New Registered Agent

Name **Peter Kratimenos**

Street Address (P.O. Box Number is Not Acceptable)

**1135 Starkey Rd. #1**

City **Largo FL**

**FL**

Zip Code **33771**

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]*

**Peter Kratimenos**

**9/12/02**

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
 NAME **KRATIMENOS, DIMITRA**  
 STREET ADDRESS **2010 MAGNOLIA DR.**  
 CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☐ Change ☒ Addition  
 NAME **Peter Kratimenos**  
 STREET ADDRESS **2010 MAGNOLIA DR.**  
 CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE ☐ Change ☒ Addition  
 NAME **Vasilios Kratimenos**  
 STREET ADDRESS **2010 MAGNOLIA DR.**  
 CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**9/12/02 727-530 0119**

CR2E034 (4/02)