

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90246 025 ***150.00

DOCUMENT # P94000030358

1. Entity Name
EVOS FOOD CREATIONS, INC.

Principal Place of Business Mailing Address
609 S. HOWARD AVE 609 S. HOWARD AVE
TAMPA FL 33606 TAMPA FL 33606

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

Zip Country Zip Country

4. FEI Number **59-3238826** Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HANEY, REED R
101 E. KENNEDY BLVD.
SUITE 4100
TAMPA FL 33602

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	CRASSAS, ALKIS	
STREET ADDRESS	% 3211 BAY-TO-BAY BLVD.	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	V	<input type="checkbox"/> Delete
NAME	LAMBRIDIS, KONSTANTINE	
STREET ADDRESS	C/O 3211 BAY TO BAY BLVD	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	ST	<input type="checkbox"/> Delete
NAME	JEFFERS, MICHAEL	
STREET ADDRESS	% 3211 BAY-TO-BAY BLVD.	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRASSAS, ALKIS	
STREET ADDRESS	% 609 S HOWARD AV	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMBRIDIS, KONSTANTINE	
STREET ADDRESS	% 609 S HOWARD AV	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	ST, V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFERS, MICHAEL	
STREET ADDRESS	% 609 S. HOWARD AV.	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ Date **4/13/01** Daytime Phone # **(813) 258-0005**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)