

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 994000077772

1. Entity Name

SIMPLY GREEK PROMOTIONAL PRODUCTS**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

516 W. LANTANA RD

Suite, Apt. #, etc.

FL

City & State

LANTANA FL

Zip

33462

Country

USA

3. Mailing Address

P.O. Box 807

Suite, Apt. #, etc.

FL

City & State

LAKE WORTH FL

Zip

33460

Country

USA

FILED

02 DEC -3 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FL

DO NOT WRITE IN THIS SPACE

2002

4. FEI Number

650540201

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CHRISTOPHER EDDEN

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

516 W. LANTANA RD

City

LANTANA

FL

Zip Code

33462**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of the registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12/3/029. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)☐

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT</u> <u>CHRISTOPHER EDDEN</u> <u>1120 NEW PARKVIEW BLVD</u> <u>WEST PALM BEACH, FL 33460</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>600009566506</u> <u>12/17/02--01096--006 **150.00</u>
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/3/02

Date

(941) 666-8962

Daytime Phone #

282

Simply Greek Promotional Products, Inc.

P.O. Box 807 | Lake Worth, FL 33460

T 561.616.8962 | F 561.616.8907 |

www.simplygreek.com

December 02, 2002

Secretary of State
State of Florida
Tallahassee, FL

RE: UBR: Waive Penalties

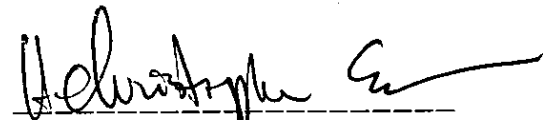
Dear Sirs:

Please forgive me for not turning in my Annual Uniform Business Report. We moved and relocated, a few other changes took place internally and I was unable to receive the original issued report from your office.

Please find enclosed a completed report with a check for \$150.00. Thank you in advance for your cooperation.

If there are any questions, please do not hesitate to contact me.

Thank you.



Christopher Edden
President