FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000077772

1. Entity Name

SIMPLY GREEK PROMOTIONAL PRODUCTS

FILED
02 DEC -3 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE 2002

2. Principal Place of Business	3. Mailing Address
516 W. LANTANA RD	P.O. BOX 807
Suite, Apt. #, etc.	Suite, Apt. #, etc.
&	&
City & State: LANTANA FL	City & State: LAKE WORTH FL
Zip: 33460 Country: USA	Zip: 33460 Country: USA

4. FEI Number: 650510201 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

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

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: H. Christopher Edden 12/3/02

Signature, type or printed name of registered agent and title if applicable (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) ☐

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	PRESIDENT CHRISTOPHER EDDEN 1120 NEW PARKVIEW DRIVE WEST PALM BEACH, FL 33460
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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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: H. Christopher Edden 12/3/02 (561)686-8962

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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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