

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000067904

1. Entity Name
THASSOS ENTERPRISES, INC.

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90119 033 ***158.75

Principal Place of Business 1190 MINEOLA CIRCLE PALM HARBOR FL 34683 US	Mailing Address 1190 MINEOLA CIRCLE PALM HARBOR FL 34683 US
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2. Principal Place of Business 755 MAIN STREET Suite, Apt. #, etc. SUITE A City & State DUNEDIN, FL Zip 34698 Country U.S.A.	3. Mailing Address 755 MAIN STREET Suite, Apt. #, etc. SUITE A City & State DUNEDIN, FL Zip 34698 Country U.S.A.
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3334468	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SEVASTOS, STELIOS 1190 MINEOLA CIRCLE PALM HARBOR FL 34683	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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] DATE: 1/3/01

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEVASTOS, STELIOS 1190 MINEOLA CIRCLE PALM HARBOR FL 34683 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] STELIOS SEVASTOS
PRESIDENT

DATE: 1/3/01 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0025871

CR2E034 (10/00)