

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000089230

1. Entity Name

NEW LINE KITCHENS, INC.

Principal Place of Business

1472 L & R INDUSTRIAL BLVD
TARPON SPRINGS FL 34689
US

Mailing Address

1472 L & R INDUSTRIAL BLVD
TARPON SPRINGS FL 34689
US

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3346234

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOUTZOUKAS, MICHAEL E
704 WEST BAY STREET
TAMPA FL 33606

7. Name and Address of New Registered Agent

Name

NO CHANGE

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

Signature, typed 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)

**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 D
NAME HATZIANTONIOU, STERGOS
STREET ADDRESS 501 ASHLAND AVENUE
CITY-ST-ZIP TARPON SPRINGS FL 34689

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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CITY-ST-ZIP

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Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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.

STERGOS HATZIANTONIOU

SIGNATURE: X STERGOS HATZIANTONIOU
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2001 (727) 942-6702
Date Daytime Phone #

0427623

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 91015 025 ***150.00

C0039152



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)