2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P96000074876

1. Entity Name



FILED Jan 31, 2003 8:00 am Secretary of State

01-31-2003 90146 046 ***150.00

ORT OF NAUPLIA, INC.			
incipal Place of Business	Mailing Address		
1123 PEACHLAND BOULEVARD	24123 PEACHLAND BOULEVARD	-	
NIT A-2	LINIT A.2		

Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE KARAMANOS, PETER 24123 PEACHLAND BOULEVARD PORT CHARLOTTE FL 33983 CITY-ST-ZIP TITLE KARAMANOS, GEORGIA STREET ADDRESS CITY-ST-ZIP TITLE CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	PORT CHARLE	JIIE FC 33903	PORT CHARLOTTE PL 33563								
City & State	2. Principal Place of Business 3. Mailing Address					######################################					
Experience of Status Desired St. 75 Additional Flag Registered Agent St. Certificate of Status Desired St. 75 Additional Flag Required	Suite, Apt. #, etcSuite, Apt. #, etc.		=Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KARAMANOS, PETER 24122 PEACHLAND BOULEVARD UNIT A? PORT CHARLOTTE FL 33983 City FL SIGNATURE Signame, hyboid or printeriams dispersor agent set for applicable. POPTIC PETER 23150.00 Assert Registered agent. POTIC PETER 23150.00 Marke Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. TITLE PORT CHARLOTTE FL 33983 City ST. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ARAMANOS, PETER AVAILABLE AND BOULEVARD OFFICERS AND DIRECTORS 11. TITLE PORT CHARLOTTE FL 33983 City ST. 29 PORT CHARLOTTE FL 33983 City ST. 29 PORT CHARLOTTE FL 33983 City ST. 29 TITLE Detel TITLE NAME SITEST ADDRESS CITY ST. 29 TITLE Detel TITLE NAME SITEST ADDRESS CITY ST. 29 TITLE Detel TITLE NAME SITEST ADDRESS CITY ST. 29 TITLE Detel TITLE NAME SITEST ADDRESS CITY ST. 29 TITLE TITLE NAM	City & State		City & State		1	4. FEI Number 65-0696082	<u> </u>				
KARAMANOS, PETER 24123 PEACHLAND BOULEVARD UNIT A-2 PORT CHARLOTTE FL 33983 6. 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. I ran familiar with, and eccept the obligations of registered agent agent, or both, in the State of Florida. I ran familiar with, and eccept the obligations of registered agent. SIGNATURE Signature, freed or private here of registered agent agen	Zip	Country	Zip	Country	,	5. Certificate of Status Desired					
KARAMANOS, PETER 24123 PEACHLAND BOULEVARD UNIT A2 PORT CHARLOTTE FL 33983 City FL Zip Code 6. The above named entity submits this statement for tine purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 FILE NOW!! FEE IS \$150.00 FILE NOW!! FEE IS \$150.00 FILE NOW!!! FEE IS \$150.00 FILE NOW!! FEE IS \$150.00 FILE NOW! FEE IS \$150.00 FILE NOW! FEE IS		6. Name and Address of Current F	Registered Agent		7	7. Name and Address of New Registered Agent					
Addition ### Ad				Name	Name						
Addition ### Ad	KARAMANOS, PETER										
UNIT A-2 PORT CHARLOTTE FL 33983 6. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. Signature			Street Address (dress (P.C	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 agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00		TOTAL WID BOOKE WILL									
S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. Signature								ļ			
SIGNATURE Signature Signature hyper or printed name or inguistered agent and the if applicable. (NOTE Registered Agent signature expanded when recisioning) DATE	PORT CHARLOTTE FL 33983			City	City FL Zip Code						
FILE NOW!!! FEE IS \$150.00											
FILE NOW!!! FEE IS \$150.00 After.May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SITRET ADDRESS OCITY-ST-2P TITLE NAME STRET ADDRES	SIGNATURE .										
After May 1, 2003 Fee will be \$55,00 May Be Make Check Payable to Florida Department of State 10.		Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent signature	required who	en reinstating) DATE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY	After May 1, 2003 Fee will be \$550.00 May Be						May Be to Fees				
NAME STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL 33983 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	10.	OFFICERS AND [DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CIT	TITLE		☐ Delete	TITLE			☐ Change	☐ Addition			
CITY-SIT-ZIP PORT CHARLOTTE FL 33983	NAME			NAME							
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				STREET ADDRESS				l			
NAME STREET ADDRESS CITY- ST-ZIP PORT CHARLOTTE FL 33983 Delete	CITY-ST-ZIP	PORT CHARLOTTE FL 33983		CITY-ST-ZIP							
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE	STD	☐ Delete	TITLE			☐ Change	Addition			
CITY-ST-ZIP PORT CHARLOTTE FL 33983 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME			NAME		·					
TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete NAME STREET ADDRESS TITLE Delete TITLE DAME Addition NAME STREET ADDRESS STREET ADDRESS TITLE DELET STREET ADDRESS STREET ADDRESS STREET ADDRESS TITLE STREET ADDRE	STREET ADDRESS			STREET ADDRESS				}			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	CITY-ST-ZIP	PORT CHARLOTTE FL 33983		CITY-ST-ZIP							
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TITLE		☐ Delete	TITLE			☐ Change	☐ Addition			
CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME			NAME		·		ł			
TITLE	STREET ADDRESS			STREET ADDRESS							
NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS	CITY-ST-ZIP			CITY-ST-ZIP							
NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS	TITLE		☐ Delete	TITLE			Change	Addition			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	NAME			NAME			_ ,	_			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	STREET ADDRESS			STREET ADDRESS							
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	CITYST-ZIP.			CITY-ST-ZIP				j			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	TITLE		Delete	TITLE			Change	☐ Addition			
CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS	NAME				· · · .	للمالية والمنافي المنافية المراجعة المستعلق					
TITLE	STREET ADDRESS										
NAME STREET ADDRESS . STREET ADDRESS . STREET ADDRESS	CITY-ST-ZIP			CITY-ST-ZIP							
NAME STREET ADDRESS . STREET ADDRESS . STREET ADDRESS	TITLE		☐ Delete	TITLE			Change	Addition			
STREET ADDRESS STREET ADDRESS	• 1										
CITY-ST-ZIP CITY-ST-ZIP	STREET ADDRESS	•.						}			
	CITY-ST-ZIP			CITY-ST-ZIP							

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Daytime Phone #