## **2003 FOR PROFIT CORPORATION**

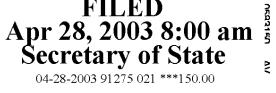
## UNIFORM BUSINESS REPORT (UBR)

P97000050747

**DOCUMENT #** 1. Entity Name

Principal Place of Business 6841 INDUSTRIAL AVE 6841 INDUSTRIAL AVE NEW PORT RICHEY FL 34668  2. Principal Place of Business 3. Mailing Address			
Principal Place of Business     3. Mailing Address /	-		
Suite, Apt. #, etc. Suite, Apt. #, etc.	<u></u>		
City & State City & State			
Zip Country Zip Country	<del></del>		

## **FILED**



6841 INDUSTRIAL AVE NEW PORT RICHEY FL 34668  NEW PORT RICHEY FL 34668  NEW PORT RICHEY FL									
2. Principal F	Place of Business	3. Mailing Address				1 4 8 81 1 8 8 1 1 1 1 1 1 1 1 1 1 1 1 1		DIBII (80) (81)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & Stat	e	City & State		<b>4.</b> F	59-3450521	- <del></del>	pplied For ot Applicable		
Zip	Country	Zip	Coun	try	5. 0	5. Certificate of Status Desired   \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
DOUKAKIS	S, THEDORE			=Street-Address (RO:Box Number is Not Acceptable)					
6841 INDL	JSTRIAL AVE	<u> </u>		otreer Addre	55 (F.O. D	OX 1401 HOOF-18 1401 ACCOPTAGES			
NEW POR	T RICHEY FL 34652								
				City		FL	Zip Cod	de	
	named entity submits this statement folions of registered agent.  Signature, typed or printed name of registered agent.			ed office or regi		ent, or both, in the State of Florida. I am fa	miliar with,	, and accept	
Aftei Make Check	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	of State	,	¥	ADI	9. Election Campaign Financing Trust Fund Contribution.	Adde	OO May Be d to Fees	
10.	OFFICERS AND	Delete	11.		AU	DITIONS/CHANGES TO OFFICERS AND	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OUKAKIS, THEDORE 841 INDUSTRIAL AVE			1			E Change	Aconton	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		l l			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		ŀ			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					Change	☐ Addition	

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If 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.

SIGNATURE REQUIRED THEODORE DOWAKIS X

Daytime Phone #