

2001 UNIFORM BUSINESS REPORT (UBR)

AMMENDED

DOCUMENT # P97000074091

1. Entity Name

Eliopoulos & Associates, INC

FILED
01 APR 11 PM 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 205 George Bush Blvd. Delray Beach, FL 33444
Mailing Address: 205 George Bush Blvd Delray Beach, FL 33444

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.
City & State

4. FEI Number: 65-0785106
Applied For: Not Applicable

DO NOT WRITE IN THIS SPACE

Zip: Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Eliopoulos, Gary P
314 NW 7th Street
Delray Beach, FL 33444

7. Name and Address of New Registered Agent

Name
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.

100004014421--3
-04/17/01--0111--024
*****51.25 *****51.25

SIGNATURE: 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.

FILE NOW!!! FEE IS \$150.00 6/25
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

| | |
|--|---------------------------------|
| TITLE: P NAME: Eliopoulos, Gary P. STREET ADDRESS: 314 NW 7th St. CITY-ST-ZIP: Delray Beach, FL 33444 | <input type="checkbox"/> Delete |
| TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> Delete |
| TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> Delete |
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| TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|--|
| TITLE: Treasurer NAME: James C. Keavney STREET ADDRESS: 2934 SW 22nd Circle, unit B CITY-ST-ZIP: Delray Beach, FL 33445 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |
| TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: Gary P. Eliopoulos
Date: 4/9/01 Daytime Phone #: 561 276-6011

CR2E034 (11/00)