

2001 UNIFORM BUSINESS REPORT (UBR)

AMMENDED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 24 PM 7:29

DOCUMENT # P97000074091
1. Entity Name
Eliopoulos & Associates, INC.

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: City & State
Zip: Zip Country: Country

4. FEI Number: 65-0785106 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
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: _____ NAME: Gary P. Eliopoulos STREET ADDRESS: 314 NW 7th Street CITY-ST-ZIP: Delray Beach, FL 33444	<input type="checkbox"/> Delete	TITLE: VP NAME: Eliopoulos, Alison Toni STREET ADDRESS: 314 NW 7th Street CITY-ST-ZIP: Delray Beach, FL 33444	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: Kearney, James C STREET ADDRESS: 2934 SW 22nd Circle, Unit B CITY-ST-ZIP: Delray Beach, FL 33445	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: 300004678709-- CITY-ST-ZIP: -11/14/01--01054--012	<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: Gary P. Eliopoulos Date: 10/23/01 Daytime Phone #: 561 276 6011

CR2E034 (11/00)