

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000082955

1. Entity Name

EIGHT LIMBS INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90059 005 ***150.00

Principal Place of Business

911 BRITTANY PARK BLVD.
 TARPON SPRINGS FL 34689

Mailing Address

911 BRITTANY PARK BLVD.
 TARPON SPRINGS FL 34689-5748

2. Principal Place of Business

435 E Tarpon Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tarpon Springs FL

City & State

Zip

Country

34689

USA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

DAMIANAKIS, ANTHON E
 %BILIRAKIS LAW GROUP, P.A.
 4538 BARTELT ROAD
 HOLIDAY FL 34690

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

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, 2000 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 ☐ Delete
 NAME D
 STREET ADDRESS GIALLOURAKIS, CHRISTY
 CITY-ST-ZIP 911 BRITTANY PARK BLVD.
 TARPON SPRINGS FL 34689

TITLE ☐ Change ☐ Addition
 NAME PRESIDENT
 STREET ADDRESS CHRISTY GIALLOURAKIS
 CITY-ST-ZIP 911 BRITTANY PARK BLVD
 TARPON SPRINGS, FL 34689

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME OFFICER
 STREET ADDRESS MERCURY A. GIALLOURAKIS
 CITY-ST-ZIP 911 BRITTANY PARK BLVD
 TARPON SPRINGS, FL 34689

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CHRISTY J. GIALLOURAKIS 4/27/00 727-939-9413

CR2E034 (9/99)