| DOCU 1. Entity Nat | 2 UNIFORM BUS JMENT # P9700 me zone/destin, ing. | INESS REPO 0096478 | PRT (U | BR) | FILED Feb 03, 2002 8:00 am Secretary of State 02-03-2002 90010 003 ***150.00 |
|---|--|--|---|---|--|
| Principal Place of Business 32871 EMERALD COAST-PKWY DESTIN FL 32541 US | | Mailing Address 34971 EMERALD COAST. PKWY DESTIN FL 32541 US | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE |
| City & State | | City & State | | | 4. EEI Number Applied For |
| Zip Country | | Zip | Zip Country | | 59-3493661 Not Applicable 5. Certificate of Status Desired S8.75 Additional |
| ····· | 6 Name and Address of Current | Registered Agent | | | Fee Required Fee Required Fee Required |
| | | | | | Vallianatos D. Box Number is Not Acceptable) merald Coast Pkwy |
| | | | City | Destin, FL Zip Code 32541 | |
| SIGNATUR Signatule, typed or printed name of registered agent a signatule, typed or printed name of registered agent a signature, typed or printed nagent a signature, typed or | | FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta | | 150.00 e \$550.00 | In reinstating) DATE 10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees |
| 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AND DS VALLIANATOS, ANDREW 34871 EMERALD COAST PKWY DESTIN FL 34871 | | 12 TITLE NAME STREET ADDF CITY-ST-ZIP | ^{ESS} 3487 | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Image Addition Image Addition Image Addition Image Addition Image Addition Image Addition Image Image Image Image |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV VALLIANATOS, JOHN 34871 EMERALD COAST PKWY DESTIN FL 34871 | Delete | TITLE NAME STREET ADDR CITY-ST-ZIP | DV Vall 3487 | ianatos, John 1 Emerald Coast Pkwy in, FL-32541 □ Comp. [] Mdfilion |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP LUPER, ZVI 7861 BAYOU CLUB BLVD LARGO FL 33777 | ••• 🛄 Délete - •••• - | NAME STREET ADDR CITY-ST-ZIP | - | Change Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DT LUPER, HANAN 7278 SAWGRASS POINT DR. PINELLAS PARK FL 33782 | Delete | TITLE NAME STREET ADDR CITY-ST-ZIP | ESS | Change Addition |
| TITLE Name Street address City-St-Zip | | Delete | TITLE NAME Street Addr City-St-Zip | ESS | Change Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | Delete | TITLE NAME Street Addr City - St - Zip | ESS | Change Addition |
| 13. I hereby of indicated of the conchanged | f on this report or supplemental report is reporation or the receiver or trustee empore , or on an attachment with an address, w | this filing does not qualify for true and accurate and that m wered to execute this report a rith all other like empowered. | iy signature sh as required by ED | stated in Section all have the san Chapter 607, F | Don 119.07(3)(i), Florida Statutes. I further certify that the information ne legal effect as if made under oath; that I am an officer or director lorida Statutes; and that my name appears in Block 11 or Block 12 if I-17-02 JSD J37-JSDD Date Davime Phone # |