

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000063443

1. Entity Name
PROUD HELLENIC DESCENDANTS, INC.



Principal Place of Business
P.O. BOX 1626
TARPON SPRINGS FL 34688

Mailing Address
P.O. BOX 1626
TARPON SPRINGS FL 34688



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE** Applied For ☐ Not Applicable

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

8. Name and Address of Current Registered Agent

KOULIANOS, JOHN M
1020 PENINSULA AVE.
TARPON SPRINGS FL 34689

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when retreating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PANTELLIS, MARIA 1298 HILLSIDE DR. TARPON SPRINGS FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PANTELLIS, JOHN N 104 HILLCREST DR SAFETY HARBOR FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PANTELLIS, EMMANUEL 1298 HILLSIDE DRIVE TARPON SPRINGS FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SAROUKOS, ANGELINA 1298 HILLSIDE DR TARPON SPRINGS FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Maria Pantellis* April 7, 2005 / 722 / 994-3661