2002 UNIFORM BUSINESS REPORT (UBR) AMENDED

FILED
02 APR -4 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000012673

1. Entity Name
LOUIS INDUSTRIAL PARK, INC.

Principal Place of Business
ONE NORTH PINELLAS AVE.
TARPON SPRINGS FL 34689

Mailing Address
ONE NORTH PINELLAS AVE.
TARPON SPRINGS FL 34689

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

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

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3622826 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent
GIALOUSIS, MIKE
ONE NORTH PINELLAS AVE.
TARPON SPRINGS FL 34689

7. Name and Address of New Registered Agent
Name Gialousis, Michael
Street Address (P.O. Box Number is Not Acceptable) One North Pinellas Avenue
City Tarpon Springs FL Zip Code 34689

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 Michael Gialousis
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, 2002 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Delete
D GIALOUSIS, MIKE ONE NORTH PINELLAS AVE. TARPON SPRINGS FL 34689	☑
	☐
	☐
	☐
	☐
	☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Change	Addition
D Gialousis, Michael One North Pinellas Avenue Tarpon Springs, Fla. 34689	☐	☑
D Gialousis, John One North Pinellas Avenue Tarpon Springs, Fla. 34689	☐	☑
	☐	☐
	☐	☐
	☐	☐
	☐	☐

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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: Mike Gialousis 1/22/02 727 934-0860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Michael Gialousis