

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91604 009 ***150.00

DOCUMENT # P99000062707

1. Entity Name
AEGEAN FIXED INCOME CORPORATION

Principal Place of Business

**1560 WALDORF CIRCLE NE
 PALM BAY FL 32945**

Mailing Address

**1560 WALDORF CIRCLE NE
 PALM BAY FL 32945**

2. Principal Place of Business

**927 E. NEW HAVEN AVE
 SUITE #315**

3. Mailing Address

**927 E. NEW HAVEN AVE.
 SUITE #315**

City & State

MELBOURNE, FL

**Zip
 32901**

Country

USA

City & State

MELBOURNE, FL

**Zip
 32901**

Country

USA

4. FEI Number

59-3592144

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HAYWORTH & CHANEY, P.A.
 202 N HARBOR CITY BLVD, #300
 MELBOURNE FL 32935**

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

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 D ☐ Delete
NAME FAKATSELIS, JOHN C
STREET ADDRESS 1560 WALDORF CIRCLE NE
CITY-ST-ZIP PALM BAY FL 32945

TITLE D ☐ Delete
NAME FAKATSELIS, GEORGE
STREET ADDRESS 2802 GRANITE AVE
CITY-ST-ZIP SACHSE TX 75048

TITLE D ☐ Delete
NAME MYER, CHRIS
STREET ADDRESS 1496 HYACINTH ST NE
CITY-ST-ZIP PALM BAY FL 32907

TITLE D ☐ Delete
NAME TRICAS, TIM
STREET ADDRESS 3030 COUNTRY STREET APT 111
CITY-ST-ZIP HONOLULU HI 96822

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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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

05/27/02

Date

(321) 432-7887

Daytime Phone #

CR2E034 (9/01)