2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P99000076710 Feb 08, 2000 8:00 am 1. Entity Name **Secretary of State** IOANNIS KOSTOPOULOS, INC. 02-08-2000 90158 021 ***150.00 Mailing Address Principal Place of Business 400 SOUTH METEOR AVENUE. #5 400 SOUTH METEOR AVENUE. #5 CLEARWATER FL 32821-6427 CLEARWATER FL 33765 3. Mailing Address 2. Principal Place of Business 13012 MULBERRY PARK DR 13012 MULBERRY PARK DR Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. #924 #924 City & State City & State 4. FEI Number Applied For ORLANDO, FL 59-3594501 Not Applicable ORLANDO, FL Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired USA 32821 32821 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KOSTOPOULOS, IOANNIS Street Address (P.O. Box Number is Not Acceptable) 13012 MULBERRY PARK DRIVE 400 SOUTH METEOR AVENUE, #5 **CLEARWATER FL 33765** #924 City ORLANDO 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PD Addition Change Delete TITLE TITLE KOSTOPOULOS, IOANNIS NAME NAME 400 SOUTH METEOR AVENUE, #5 STREET ADDRESS 13012 MULBERRY PARK DRIVE, #924 STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 33765** CITY-ST-ZIP ORLANDO, FL 32821 Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change — ☐ Addition ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. PRESIDENT

Daytime Phone #