2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 15, 2000 8:00 am Secretary of State DOCUMENT # P99000085458 JASON OF CITRUS, INC. 03-15-2000 90098 035 ***150.00 Principal Place of Business Mailing Address 10990 S. SUNCOAST BLVD. 10990 S. SUNCOAST BLVD. しいひうてきりり HOMASASSA FL=01448*5047 HOMASASSA FL 34448 3. Mailing Address 2. Principal Place of Business Suité, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number 59-3603569 Applied For City & State City & State Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KARRAS, ANNA Street Address (P.O. Box Number is Not Acceptable) 5783 W. SHORE DR. **NEW PORT RICHEY FL 34652** Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition Delete TITLE TITLE KARRAS, ANNA NAME NAME STREET ADDRESS 5783 WEST SHORE DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **NEW PORT RICHEY FL 34652** DIR ☐ Change Addition TITLE TITLE Delete JASON TEROVOLAS NAME NAME 5783 West Shore Dr. STREET ADDRESS STREET ADDRESS New Port Richey, Fr 34652 CITY-ST-7IP CITY-ST-ZIP DIR Addition Change TITLE Delete TITLE JOHN TEROYOLAS NAME NAME 5783 West Shore Dr. STREET ADDRESS STREET ADDRESS New Port Richey, FL 34652 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE POTOULA FLOROU NAME NAME 5783 West Shore Dr. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP New Port Richey FL 34652 CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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. Aunata Daytime Phone #