2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like emp

SIGNATURE: 🔀

May 15, 2001 8:00 am Secretary of State DOCUMENT # **P99000085458** 1. Entity Name 05-15-2001 90054 039 ***150.00 JASON OF CITRUS, INC. Principal Place of Business Mailing Address 10990 S. SUNCOAST BLVD. 10990 S. SUNCOAST BLVD. 654911 HOMASASSA FL 34448 HOMASASSA FL 34448 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FE! Number Applied For 59-3603569 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KARRAS, ANNA Street Address (P.O. Box Number is Not Acceptable) 5783 W. SHORE DR. **NEW PORT RICHEY FL 34652** City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11. 12. TITLE ☐ Delete TITLE Change Addition KARRAS, ANNA NAME NAME STREET ADDRESS 5783 WEST SHORE DR. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **NEW PORT RICHEY FL 34652** TITLE ☐ Change Delete TITLE ☐ Addition TEROVALAS, JASON NAME NAME STREET ADDRESS 5783 WEST SHORE DR. STREET ADDRESS CITY-ST-7IP **NEW PORT RICHEY FL 34652** CITY-ST-ZIP ال المنام المنافعين المنافعين المنافعين المنافعين المنافعين المنافعين المنافعين المنافعين المنافعين TITLE ☐ Delete Change Addition TEROVOLAS, JOHN NAME STREET ADDRESS 5783 WEST SHORE DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW PORT RICHEY FL 34652** TITLE ☐ Delete TITLE ☐ Change Addition FLOROU, POTOULA NAME NAME STREET ADDRESS 5783 WEST SHORE DR. STREET ADDRESS CITY-ST-ZIP **NEW PORT RICHEY FL 34652** CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition 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 to signature shall have the same legal effect as if made under oath; that I am an officer or director as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if indicated on this report or supplemental report is true and accurate and that of the corporation or the receiver or trustee empowered to execute this report

J. Terovolas

CR2E034 (10/00