FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED May 13, 2002 8:00 am Secretary of State

DOCUMENT # 1990000 85458					05-13-2002 90193 001 ***150.00		
, , , , ,	JASON OF CITEUS,	INC.					
	DO NOT WRITE	IN THIS SE	PACE				
Principal Place of Business 3. Mailing Addres		3. Mailing Address					
10990 S. SUNCOAST BLVD.		"SAME"			DO NOT WRITE IN THIS SPACE		
Suite, Apt. #, etc. Suite, A		Suite, Apt. #, etc.	Apt. #, etc.				
City & State Homasassa, FL		City & State			4. FEI Number 59 - 3603569	Applied For Not Applicable	
^{Zip} 3 Կ Կ	148 Country USA	Zip	Country			\$8.75 Additional Fee Required	
<u> </u>	03/1			7.	Name and Address of Current Registered	•	
DO NOT WRITE			Name	ANNA		-	
			Street A				
	N THIS SP	ΔCF	-	Street Address (P.O. Box Number is Not Acceptable) 5783 WEST SHORE JR			
			City	NEW P	BRY RICHEY. FL	Zip Code 34652	
SIGNATURE	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE:	Registered Agent signat	ture required who			
Tax filing requirement and elects to do so. Aft (See editate on book)			ay 1, Fee is \$550.00 ded UBR is \$61.25 rable to Department of State		10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
11.	OFFICERS AND D	· 	F1				
TITLE NAME	DIR ANNA KARRAS		TITLE				
STREET ADDRESS	5783 WEST SHORE DR.		NAMÉ STREET ADDRESS				
CITY-ST-ZIP	NEW PORT RICHEY, FL	CITY-ST-ZIP		·			
TITLE	DIR						
NAME	JASON TEROVOLAS DRESS 5783 WEST SHORE DR.					. }	
STREET ADDRESS CITY-ST-ZIP_				•			
TITLE	DIR	CITY-ST-ZIP					
NAME	JOHN TEROVOLAS	NAME		سري د الاستينان واستينان د ر			
STREET ADDRESS	5783 WEST SHORE DI	STREET ADDRESS	DO NOT WRITE				
CITY-ST-ZIP	NEW PORT RICHEY FL	CITY-ST-ZIP	DO NOT WINTE				
TITLE NAME	DIR POTOULA FLOROU	TITLE NAME		IN THIS SPACE			
STREET ADDRESS	5783 WEST SHORE DR	STREET ADDRESS			_		
CITY-ST-ZIP .	NEW PORT RICHEY, FL	CITY-ST-ZIP					
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IAME .			NAME			Ì	
TREET ADDRESS			STREET ADDRESS			1	
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 on an attachment with an address, with all other like empowered.

SIGNATURE: *