

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90519 020 ***150.00

DOCUMENT # P99000100518

1. Entity Name
T & I FOOD CONCEPTS, INC.



Principal Place of Business
**1582 GULF BLVD UNIT 1304
CLEARWATER FL 33767**

Mailing Address
**P O BOX 7385
LAKELAND FL 33807-7385**

11017931



2. Principal Place of Business

3. Mailing Address

1582 GULF BLVD #1304

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#1304

City & State

City & State
CLEARWATER FL

Zip

Country

Zip

Country

33767

4. FEI Number **59-3607856**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOUVAIDAS, TRIFON
1582 GULF BLVD.
SUITE 1304
CLEARWATER FL 33767**

Name **HUTTO, KENNETH CPA**

Street Address (P.O. Box Number is Not Acceptable)
1935 E. EDGEWOOD DR.

BUILDING I

City **LAKELAND FL.**

FL

Zip Code **33803**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HOUVARDAS, TRIFON | |
| STREET ADDRESS | 1582 GULF BLVD #1304 | |
| CITY-ST-ZIP | CLEARWATER FL 33767 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HOUVARDAS, IRENE | |
| STREET ADDRESS | 1582 GULF BLVD #1304 | |
| CITY-ST-ZIP | CLEARWATER FL 33767 | |
| TITLE | | <input type="checkbox"/> Delete |
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| STREET ADDRESS | | |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03

Date

727-504-3313

Daytime Phone #

CR2E034 (10/02)