

2000 UNIFORM BUSINESS REPORT-(UBR)

7/25/00-90093-045-\$150.00-\$150.00

APPROVED
AND
FILED

DOCUMENT # P99000105529

1. Entity Name

FINAL STOP FOOD SHOP, INC.

00 OCT -4 PM 5:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
721 BELTED KINGFISHER DRIVE NORTH
PALM HARBOR FL 34684

Mailing Address
721 BELTED KINGFISHER DRIVE NORTH
PALM HARBOR FL 34684

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
483 MANDALAY AVE

City & State

Suite, Apt. #, etc.
CLEARWATER BEACH FL.

Zip

Country
33767 PINELLAS

4. FEI Number
59-3631091

Applied For
Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BITETZAKIS, JOHN
721 BELTED KINGFISHER DRIVE NORTH
PALM HARBOR FL 34684

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
483 MANDALAY AVE
CLEARWATER BEACH FL
City FL Zip Code 33767

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BITETZAKIS, JOHN 721 BELTED KINGFISHER DRIVE NORTH PALM HARBOR FL 34684	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BITETZAKIS, PAULINE 721 BELTED KINGFISHER DRIVE NORTH PALM HARBOR FL 34684	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: _____ Date: 7/10/00 Daytime Phone # _____

10/11/00

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to whom it may concern

ON the corporations with the names

FINAL STOP FOOD SHOP INC.

JGPC PROPERTIES CORP

TARPON MART INC.

I did not receive the removal form on time. when i did get it i send 150.00 right away. on Aug. 24th i received a rejection notice and i called the Dep. of state. I was told to send a letter explaining that i did not get it on time and that the penalty will be waived I did send the letter on 8/24/00. I know that by may 1st it should be final or I will pay a late fee

THANK YOU

John B. [Signature]