

# 2000 UNIFORM BUSINESS REPORT-(UBR)

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

APPROVED  
AND  
FILED

1 of 2

DOCUMENT # P99000105529

1. Entity Name

FINAL STOP FOOD SHOP, INC. ✓

00 OCT -4 PM 5:09

Principal Place of Business

Mailing Address

721 BELTED KINGFISHER DRIVE NORTH  
PALM HARBOR FL 34684

721 BELTED KINGFISHER DRIVE NORTH  
PALM HARBOR FL 34684

*[Handwritten initials]*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

59-3631091

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

33767

PINELLAS

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Handwritten Signature]*

7/10/00

CE 374 (9-01)

10/11/00

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to whom it may concern

ON the corporations with the name

FINAL STOP FOOD SHOP INC.

JGPC PROPERTIES CORP

TARPOON 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 not it should be final or I will pay a late fee

THANK YOU

John B. [Signature]