## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 10, 2001 8:00 am Secretary of State DOCUMENT # P9700036490 HOUVARDAS, INC. 04-10-2001 90007 048 \*\*\*150.00 Principal Place of Business Mailing Address 2601 HAVENDALE BLVD. 2601 HAVENDALE BLVD. WINTER HAVEN FL 33881-1825 WINTER HAVEN FL 33881-1825 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. FEI Number Applied For 59-3442686 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required. 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HOUVARDAS, PAUL Street Address (P.O. Box Number is Not Acceptable) 2601 HAVENDALE BLVD. WINTER HAVEN FL 33881-1825 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11, ☐ Delete TITLE ☐ Addition TITLE HOUVARDAS, PAUL NAME NAME STREET ADDRESS STREET ADDRESS 2601 HAVENDALE BLVD. CITY-ST-ZIP CITY-ST-ZIP Winter Haven FL 33881-1825 ☐ Delete TITLE Addition TITLE NAME HOUVARDAS, JOHN NAME 2601 HAVENDALE BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL 33881-1825 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P

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

FREAD TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR HOUVARDAS 4-4-200/

CR2E034 (10/00)