## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 29, 2002 8:00 am Secretary of State P01000029635 DOCUMENT # 04-30-2002 90126 033 \*\*\*150.00 LACONIAN INVESTMENTS, INC. Principal Place of Business Mailing Address 575 MANISHA PLACE 575 MANISHA PLACE TARPON SPRINGS FL 34688 TARPON SPRINGS FL 34869 post office changed our zip code 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable 3<sup>2</sup>4688 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MADALVANOS, ZISIMOS Street Address (P.O. Box Number is Not Acceptable) 4840 MILE STRETCH DR. HOLIDAY FL 34690 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) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ De!ete TITLE ☐ Change ☐ Addition metaxas, jerry v NAME NAME 575 MANISHA PLACE STREET ADDRESS STREET ADDRESS TARPON SPRINGS FL 34689 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition MADALVANOS, ZISIMOS NAME NAME 575 MANISHA PLACE STREET ADDRESS STREET ADDRESS tarpon springs fl 34689 CITY-ST-ZIP CITY-ST-71P TITLE ☐ Delete TITLE ☐ Change ■ Addition Metaxas, Poppi\_\_ NAME 575 MANISHA PLACE STREET ADDRESS STREET ADDRESS tarpon springs fl 34689 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition Madalvanos, Georgia C NAME NAME 575 MANISHA PLACE STREET ADDRESS STREET ADDRESS TARPON SPRINGS FL 34689 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 Block 12 If changed, or on an attachment with an address, with all other like empowered.

FILED