2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State
04-09-2003 90128 013 ***150.00

DOCUMENT # P00000045888

1. Entity Name
K & G DECOSMO'S, INC.

Principal Place of Business	Mailing Address
6800 49TH ST. NO.	4300 39TH STREET SOUTH
PINELLAS PARK FL 33781	SAINT PETERSBURG FL 33711

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
6800 49th St No.	4300 39th St So
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pinellas Park Fl.	City & State: St. Pete Fl.
Zip: 33781 Country: Pinellas	Zip: 33711 Country: Pinellas

4. FEI Number 59-3644649 ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STAPLETON & SMITH P.A.
6600 34TH AVE. NO.
SAINT PETERSBURG FL 33710

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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. 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

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	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DECOSMO, GARY A		NAME		
STREET ADDRESS	4300 39TH STREET SOUTH		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG FL 33711		CITY-ST-ZIP		
TITLE	STD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DECOSMO, KATHLEEN V		NAME		
STREET ADDRESS	4300 39TH STREET SOUTH		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG FL 33711		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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 Gary A. DeCosmo 4/5/03 (727)527-0254
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #