

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90335 050 ***150.00

DOCUMENT # **P95000095373**
 1. Entity Name
A. K. WOOD CRAFT ✓

Principal Place of Business Mailing Address
3550 23RD AVE SOUTH **SAME**
SUITE 5
LAKE WORTH FL 33461

A0027401

2. Principal Place of Business 3. Mailing Address
B Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State

4. FEI Number Applied For
650303393 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
ANTONIOS LOUKAS
~~**3550 23RD AVE**~~
~~**SUITE 6**~~
~~**LAKE WORTH FL 33461**~~

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.

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, 2001 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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	President
STREET ADDRESS	ANTONIOS LOUKAS
CITY-ST-ZIP	1727 KELSO AVE LAKE WORTH FL 33460
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Treasurer
STREET ADDRESS	MELTZINS LOUKAS
CITY-ST-ZIP	1727 KELSO AVE LAKE WORTH FL 33460
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vice President
STREET ADDRESS	MICHAEL LOUKAS
CITY-ST-ZIP	1727 KELSO AVE LAKE WORTH FL 33460
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Secretary
STREET ADDRESS	CHRISTOS LOUKAS
CITY-ST-ZIP	1727 KELSO AVE LAKE WORTH FL 33460
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 another like empowered.

SIGNATURE:  **2/22/01** **561-586-6009**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)