

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90135 020 ***150.00

0538960 AV

DOCUMENT # J59363

1. Entity Name
DEFNA, INC.

Principal Place of Business

18329 US 19
 SUITE K
 HUDSON FL 34667
 US

Mailing Address

C/O FORTUNE SUNCOAST REALTY
 P.O. BOX 6308
 SPRING HILL FL 34611
 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2809190**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SIDERATOS, DEMETRIOS
18329 U.S. HWY. 19, SUITE #L
P.O. BOX 6308
SPRING HILL FL 34607

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

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	SIDERATOS, DEMETRIOS	
STREET ADDRESS	7910 3ED AVE.	
CITY-ST-ZIP	BROOKLYN NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIDERATOS, NIKOLAOS	
STREET ADDRESS	7910 3ED AVE.	
CITY-ST-ZIP	BROOKLYN NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIDERATOS, ALEX	
STREET ADDRESS	6803 BLISS TER.	
CITY-ST-ZIP	BROOKLYN NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	KALLINGAS, EMANUEL	
STREET ADDRESS	237 68TH ST.	
CITY-ST-ZIP	BROOKLYN NY	
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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 all other like empowered.

SIGNATURE:

DEMETRIOS SIDERATOS 727-863-9660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3-15-02** Daytime Phone #

CR2E034 (9/01)