

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2003 8:00 am**  
**Secretary of State**

5/1/

05-01-2003 90163 018 \*\*\*150.00

**DOCUMENT # J78699**

1. Entity Name  
**IKE'S LUXURY AUTO SERVICE, INC.**



Principal Place of Business  
**C/O KYRIAKOS PYLARINOS  
185 SE 6TH AVE  
DELRAY BEACH FL 33483**

Mailing Address  
**C/O KYRIAKOS PYLARINOS  
185 SE 6TH AVE  
DELRAY BEACH FL 33483**



00031000

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2812820**

Applied For  
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PYLARINOS, KYRIAKOS  
185 SE 6TH AVE  
DELRAY BEACH FL 33483**

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]* DATE **4/29/03**

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 - Fee will be \$550.00  
Make Check Payable to Florida Department of State

8. 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  Delete  
NAME **D PYLARINOS, KYRIAKOS**  
STREET ADDRESS **185 SE 6TH AVENUE**  
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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CITY-ST-ZIP

TITLE  Change  Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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** *[Signature]* **4/29/03**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)