

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J97693

1. Entity Name  
KOLOKAS, INC.

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90047 033 \*\*\*150.00

Principal Place of Business

5446 US HWY 19 S.  
7354 ROCK VALLEY DRIVE  
HOMOSASSA FL 32647  
US

Mailing Address

5446 US HWY 19 S  
HOMOSASSA FL 32647  
US

2. Principal Place of Business

5446 US HWY 19 S

3. Mailing Address

5446 US HWY 19 S

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOMOSASSA FL

City & State

HOMOSASSA FL

4. FEI Number

59-2853169

Applied For

Not Applicable

Zip

Country

34446 USA

Zip

Country

34446 USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

ZOUMIS, THEODORE  
7354 ROCK VALLEY DRIVE  
HOLIDAY FL

7. Name and Address of New Registered Agent

Name

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

5446 US HWY 19 S

City

HOMOSASSA

FL

Zip Code

34446

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, 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	P	<input checked="" type="checkbox"/> Delete
NAME	ZOUMIS, VLASSIOS	
STREET ADDRESS	5446 US HWY 19 S	
CITY-ST-ZIP	HOMOSASSA FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ZOUMIS, JOANNIS	
STREET ADDRESS	5446 US HWY 19 S	
CITY-ST-ZIP	HOMOSASSA FL	
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/S THEODORE ZOUMIS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	5446 US HWY 19 S	
STREET ADDRESS	HOMOSASSA FL 34446	
CITY-ST-ZIP		
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		
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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-03-01

CR2E034 (10/00)