

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# J99316

FILED  
Aug 02, 2002  
Secretary of State

Entity Name: KOKOTIS ENTERPRISES, INC.

**Current Principal Place of Business:**

1130 HIGHWAY A1A  
INDIALANTIC, FL 32903

**New Principal Place of Business:**

1130 HIGHWAY A1A  
INDIALANTIC, FL 32903 US

**Current Mailing Address:**

1130 HIGHWAY A1A  
INDIALANTIC, FL 32903

**New Mailing Address:**

1130 HIGHWAY A1A  
INDIALANTIC, FL 32903 US

FEI Number: 59-2862357

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

KOKOTIS, WILLIAM  
508 LATANIA PALM DR  
INDIALANTIC, FL 32903 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: KOKOTIS, WILLIAM,  
Address: 508 LATANIA PALM DR  
City-St-Zip: INDIALANTIC, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM KOKOTIS

P

08/02/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date