

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Jul 10, 2003 8:00 am**  
**Secretary of State**

07-10-2003 90108 009 \*\*\*550.00

142177 AT

**DOCUMENT # L83186**

1. Entity Name  
**KARAPHILLIS MOTORS, INC.**



Principal Place of Business  
**14358 CORTEZ BLVD  
BROOKSVILLE FL 34613  
US**

Mailing Address  
**14358 CORTEZ BLVD  
BROOKSVILLE FL 34613  
US**



2. Principal Place of Business  
**4270 RIVER Birch dr.**

3. Mailing Address  
**4270 RIVER Birch dr.**

Suite, Apt. #, etc.

City & State  
**Spring Hill FL**

City & State  
**FLORIDA**

Zip  
**34607**

Zip  
**34607**

Country

Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3019999** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**KARAPHILLIS, NICHOLAS M  
14358 CORTEZ BOULEVARD  
BROOKSVILLE FL 34613**

7. Name and Address of New Registered Agent

Name **Nicholas M. KARAPHILLIS**

Street Address (P.O. Box Number is Not Acceptable)  
**4270 RIVER Birch dr.**

City **Spring Hill** FL Zip Code **34607**

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 **Nicholas M. KARAPHILLIS** *Nicholas M. Karaphillis* **July 7, 2003**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PS KARAPHILLIS, NICHOLAS M. 14358 CORTEZ BLVD. BROOKSVILLE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 employees.

SIGNATURE: *Nicholas M. Karaphillis* **Nicholas M. KARAPHILLIS** **July 7, 2003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

**(727) 638-9709**

CR2E034 (4/03)