

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

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90121 043 ***150.00

DOCUMENT # P00000009413

1. Entity Name

PK & FK INC.

831156

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2200 KINGS HIGHWAY

3. Mailing Address
2200 KINGS HIGHWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PORT CHARLOTTE FL 33980

City & State
PORT CHARLOTTE FL 33980

4. FEI Number
65-0977099

Applied For
☐ Not Applicable

Zip
33908

Country

Zip
33908

Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
PETER KYRIAKOPOULOS

Street Address (P.O. Box Number is Not Acceptable)
2200 KINGS HIGHWAY

City PORT CHARLOTTE **FL** **Zip** 33908

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
DIRECTOR
KYRIAKOPOULOS, PETER
122 N.W. DARTMOUTH DRIVE
PORT CHARLOTTE, FL 33952

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DIRECTOR
KYRIAKOPOULOS, FRANCIS
122 N.W. DARTMOUTH DRIVE
PORT CHARLOTTE, FL 33952

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)