

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

FILED
May 13, 2003 8:00 am
Secretary of State

05-13-2003 90045 014 ***150.00

DOCUMENT # P 00 00 0 103797

1. Entity Name

V.M.K. JEWELERS CORP.

DO NOT WRITE IN THIS SPACE

90133386

2. Principal Place of Business

8536 OLD CR 54

3. Mailing Address

8536 OLD CR 54

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

New Port Richey, FL

City & State

New Port Richey, FL

4. FEI Number

59-3736959

Applied For

Not Applicable

Zip

34653

Country

USA

Zip

34653

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

VASILIOS KATSOURIS

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

7804 LEIGHTON CIRCLE

City

NEW PORT RICHEY

FL

Zip Code

34654

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

X Vasilios Katsouris Vasilios Katsouris, Pres.

X 4/28/03

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 PD
NAME KATSOURIS, VASILIOS M.
STREET ADDRESS 7804 LEIGHTON CIRCLE
CITY-ST-ZIP New Port Richey, FL 34654

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP D
NAME KATSOURIS, HELEN
STREET ADDRESS 7804 LEIGHTON CIRCLE
CITY-ST-ZIP New Port Richey, FL 34654

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**DO NOT WRITE
IN THIS SPACE**

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: X Vasilios Katsouris VASILIOS KATSOURIS

X 4/28/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)