

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2003 8:00 am
Secretary of State

08-08-2003 90093 012 ***150.00

0096613 AV

DOCUMENT # P00000105412

1. Entity Name
KOATIK STYLES, INC.



Principal Place of Business
**2702 E BUCH BLVD
TAMPA FL 33612**

Mailing Address
**2702 E BUCH BLVD
TAMPA FL 33612**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3679982**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELIE, ARNIM

~~7201 FIVE POINT CR~~

2702 E BUSCH

~~TAMPA FL 33634~~

Tampa, FL 33612

Name

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

City

FL

Zip Code

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 _____ (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 **\$5.00** May Be Added to Fees ☐ Trust Fund Contribution ☐

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **ELIE, ARNIM**
STREET ADDRESS ~~7201 FIVE POINT CR~~ **2702 E BUSCH**
CITY-ST-ZIP ~~TAMPA FL 33634~~ **Tampa, FL 33612**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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 empowered.

SIGNATURE: _____

NOT REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-4-03 813-931-1349

Date Daytime Phone #

CR2E034 (4/03)

80131090
PO0000105412

8-1-03

To Whom it may concern,

I Armin Elu of Toastik Style
have just received the uniform Business report
from in July. I believe that the report
filing form that was sent to me was mailed the
the wrong address. The correct address were to
reach us is 2702 G. Busch BLVD. Tampa, FL
33612. NOT 7201 Five Point Cr. In writing
this letter because we didn't receive the form
until last month. I talked to a
Marguerite Williams and she stated
to explain the mix-up and pay just the
10150 dollars owed. Hopefully next year the
matter will be paid on time.

Thank you

Armin Elu

any Question call me at (813) 931-1349
(813) 767-5327 cell