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

## **DOCUMENT #**

P01000021991

1. Entity Name

ARIS AND KRIS, INC.



## Mar 05, 2003 8:00 am & Secretary of State **FILED**

03-05-2003 90040 032 \*\*\*150.00

					16							
				ng Address 9TH STREET NORTH ETERSBURG FL 33702		, ,,,,,,,,						
2. Principal Place of Business  Suite, Apt. #, etc.			3. Ma	3. Mailing Address			'N 100418801 115 00404 11814 00414 00411 	DBNII BBNID IN	31   3  <b>3  5</b>   1			
			Suite, Apt. #, etc.  City & State			☐ CHECK HERE IF MAKING CHANGES						
City & State						4. FEI Number 59-3030373		-	Applied For			
Zip		Country	Zip		Country		5. Certificate of Status Desired		8.75 Ad			
	6. Name	and Address of Current	Register	ed Agent		<b>-</b>	7. Name and Address of New Re		ee Require	<del></del>		
				oo rigotti	Na	ıme	1. Name and Address of New No	giatereo A	Jent			
MARQUARDT, J. MATTHEW ESQ.					Str	eet Address (	ess (P.O. Box Number is Not Acceptable)					
625 COURT STREET SUITE 200										·		
		'5¢										
CLEARWATER FL 33756					Cit	у		FL	Zip Coo	le		
The above	named entity tions of regist	submits this statement for	r the purp	oose of changing its re	gistered off	ice or registere	ed agent, or both, in the State of Flor	da. I am fa	miliar with,	and accept		
	_	<del></del>										
SIGNATURE.	Signature, typed	or printed name of registered agent	and title if app	olicable. (NOTE: F	Registered Agent	signature required	when reinstating)	DATE		<del></del>		
		FEE IS \$150.00				7474.4			<u> </u>			
	r May 1, 200						<ul> <li>J. Election Campaign Final</li> </ul>	ncina		M Mary Da 1		
make Check	k Payable to	3 Fee will be \$550.00 Florida Department of	State				Election Campaign Fina     Trust Fund Contribution.			00 May Be d to Fees		
Make Checi 10.	k Payable to			RS	11.	, y . v <u>.</u>			Adde	d to Fees		
10. TITLE	ĮD	Florida Department of OFFICERS AND		RS Delete	11. TITLE		Trust Fund Contribution	CERS AND D	Adde	d to Fees	(2)	
10. TITLE NAME	D KAFETZOP	Florida Department of OFFICERS AND OULOS, ARISTIDIS		<del></del>	TITLE NAME -		Trust Fund Contribution	CERS AND D	Adde	d to Fees	(40/00)	
10. TITLE	D Kafetzop 9291 9th	Florida Department of OFFICERS AND		<del></del>	TITLE	1	Trust Fund Contribution	CERS AND D	Adde	d to Fees	(00/07)	
10. TITLE NAME STREET ADDRESS	D KAFETZOP 9291 9TH ST. PETER D	OFFICERS AND OFFICERS AND OULOS, ARISTIDIS STREET NORTH SBURG FL 33702		<del></del>	TITLE NAME * STREET ADDI	1	Trust Fund Contribution	CERS AND [	Adde	d to Fees	BOEDSA (40/00)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D KAFETZOP 9291 9TH ST. PETER D KAFETZOP	OFFICERS AND OULOS, ARISTIDIS STREET NORTH SBURG FL 33702 OULOS, KRISTINA		☐ Delete	TITLE NAME  STREET ADDI CITY-ST-ZIF  TITLE NAME	,	Trust Fund Contribution	CERS AND [	Ádder DIRECTOR ☐ Change	d to Fees IS IN 11	CB0E004 (40/00)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D KAFETZOP 9291 9TH ST. PETER D KAFETZOP 9291 9TH	OFFICERS AND OFFICERS AND OULOS, ARISTIDIS STREET NORTH SBURG FL 33702		☐ Delete	TITLE NAME  STREET ADDI CITY-ST-ZIF	RESS	Trust Fund Contribution	CERS AND [	Ádder DIRECTOR ☐ Change	d to Fees IS IN 11	CB0E004 (40/00)	
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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.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition