FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2002 8:00 am
Secretary of State
09-08-2002 90117 027 ***150.00

B0136273

DOCUMENT # P01000091746

1. Entity Name
DJN KALIMNIOS DEVELOPMENT, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4494 SOUTH ATLANTIC AVENUE	4494 SOUTH ATLANTIC AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PONCE INLET, FLORIDA	City & State: PONCE INLET, FLORIDA
Zip: 32127 Country:	Zip: 32127 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number 81-0561648 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name KALIMNIOS, DENISE
Street Address (P.O. Box Number is Not Acceptable)
4494 SOUTH ATLANTIC AVENUE
City PONCE INLET FL Zip Code 32127

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	PRESIDENT AND SECRETARY
NAME	KALIMNIOS, JOHN
STREET ADDRESS	4494 SOUTH ATLANTIC AVENUE
CITY-ST-ZIP	PONCE INLET FLORIDA 32127
TITLE	VICE PRESIDENT AND TREASURER
NAME	DENISE KALIMNIOS
STREET ADDRESS	4494 SOUTH ATLANTIC AVENUE
CITY-ST-ZIP	PONCE INLET FLORIDA 32127
TITLE	
NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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: Denise Kalimnios 9-4-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #