

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90197 039 \*\*\*158.75

**DOCUMENT # P02000100826**

1. Entity Name

**G K PAINTING, INC.**



Principal Place of Business  
**1845 OLD MOULTRIE ROAD**  
**APT. #9**  
**ST. AUGUSTINE FL 32084-5729**

Mailing Address  
**1845 OLD MOULTRIE ROAD**  
**APT. #9**  
**ST. AUGUSTINE FL 32084-5729**

2. Principal Place of Business  
**898 Santa Clara Avenue**

3. Mailing Address  
**898 Santa Clara Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**St. Augustine, FL**

City & State  
**St. Augustine, FL**

Zip  
**32086**

Country  
**USA**

Zip  
**32086**

Country  
**USA**

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

Applied For  
Not Applicable

**6. Name and Address of Current Registered Agent**

**KOLLIAS, GEORGE D**  
**1845 OLD MOULTRIE ROAD**  
**APT. #9**  
**ST. AUGUSTINE FL 32084-5729**

**7. Name and Address of New Registered Agent**

Name  
**Kollias, George D.**  
Street Address (P.O. Box Number is Not Acceptable)  
**898 Santa Clara Avenue**  
City  
**St. Augustine** **FL** Zip Code  
**32086**

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 George Kollias  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4/15/03

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>KOLLIAS, GEORGE D</b> <b>1845 OLD MOULTRIE ROAD, APT. #9</b> <b>ST. AUGUSTINE FL 32084</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>898 Santa Clara Avenue</b> <b>St. Augustine, FL 32086</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: George Kollias  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03  
Date

904-824-1475  
Daytime Phone #

CR2E034 (10/02)