

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 28, 2000 8:00 am**  
**Secretary of State**

06-28-2000 90001 010 \*\*\*150.00

**DOCUMENT # P94000012933**

1. Entity Name

**FKF, INC.**

**R**

Principal Place of Business

2551 INDIGO DR  
 DUNEDIN FL 34698

Mailing Address

2551 INDIGO DR  
 DUNEDIN FL 34698-6520

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3247959**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FOTIOU, ZACHARIAS**  
**2551 INDIGO DRIVE**  
**DUNEDIN FL 34698**

7. Name and Address of New Registered Agent

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.

SIGNATURE

*Zacharias Fotiou*

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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	FOTIOU, ZACHARIAS	
STREET ADDRESS	2551 INDIGO DR	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	KOLOVOS, DEMETRIOS	
STREET ADDRESS	%FKF, INC. 2551 INDIGO DR	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	DT	<input type="checkbox"/> Delete
NAME	FOTIOU, GRANENOS	
STREET ADDRESS	%FKF, INC. 2551 INDIGO DR	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Zacharias Fotiou* **PRESIDENT** Zacharias Fotiou

**4/30/00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/11/00 11:00