

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90067 038 ***150.00

0063545 AV

DOCUMENT # P94000058333

1. Entity Name
L.P.K., INC.

Principal Place of Business
**2305 TYRONE COURT
SUITE 118
ST. PETERSBURG FL 33710**

Mailing Address
**9675 104TH AVENUE NORTH
LARGO FL 33773**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2305 TYRONE COURT
Suite, Apt. #, etc.

9675 104 AVENUE NORTH
Suite, Apt. #, etc.

City & State

ST PETERSBURG, FL

City & State

LARGO FL

4. FEI Number

59-3267913

Applied For

Not Applicable

Zip

33710

Country

USA

Zip

33773

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KARAMANOS, LOUIS
9675 104TH AVENUE NORTH
LARGO FL 33773**

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

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, 2002 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 **P** ☐ Delete
NAME **KARAMANOS, LOUIS**
STREET ADDRESS **9675 104TH AVENUE NORTH**
CITY-ST-ZIP **LARGO FL 33773**

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

TITLE **VP** ☐ Delete
NAME **KARAMANOS, PAMELA**
STREET ADDRESS **9675 104TH AVENUE NORTH**
CITY-ST-ZIP **LARGO FL 33773**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Louis Karamanos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-14-02 (707) 345-6922

CR2E034 (9/01)