

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000082538

1. Entity Name
SKN INC

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90051 035 ***150.00

Principal Place of Business

Mailing Address

28408 LAS PALMAS CIRCLE
BONITA SPRINGS FL 34135
US

28408 LAS PALMAS CIRCLE
BONITA SPRINGS FL 34135-6838
US

2. Principal Place of Business

3. Mailing Address

4051 GULFSHORE BLVD N.

4051 GULFSHORE BLVD N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1101

1101

City & State

City & State

NAPLES FL

NAPLES FL

Zip

Country

Zip

Country

34103

US

34103

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0539305

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AVRAMIDIS, S A
28408 LAS PALMAS CIRCLE
BONITA SPRINGS FL 34135

Name

AVRAMIDIS S.A

Street Address (P.O. Box Number is Not Acceptable)

4051 GULFSHORE BLVD N.

B 1101

City

NAPLES

FL

Zip Code

34103

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

Avramidis

3,26.00

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 P
NAME AVRAMIDIS, S A
STREET ADDRESS 28408 LAS PALMAS CIRCLE
CITY-ST-ZIP BONITA SPRINGS FL 33923

☐ Delete

TITLE
NAME AVRAMIDIS S.A
STREET ADDRESS 4051 GULFSHORE BLVD N. #1101
CITY-ST-ZIP NAPLES FL 3403

☒ Change

☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change

☐ Addition

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:

Avramidis PRESIDENT/OWNER

MARCH 26 2000

941 643 7975

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #