

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90058 018 ***150.00

DOCUMENT # P95000013576

1. Entity Name
ANTONIA II, INC.



Principal Place of Business
**6666 N OCEAN BLVD
OCEAN RIDGE FL 33435**

Mailing Address
**6666 N OCEAN BLVD
OCEAN RIDGE FL 33435**



2. Principal Place of Business
6666 N OCEAN BLVD
Suite, Apt. #, etc.

3. Mailing Address
SAME

☐ CHECK HERE IF MAKING CHANGES

City & State
OCEAN RIDGE, FL
Zip
33435 Country
FLA BCT

City & State
Country

4. FEI Number
65-0558761

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KOFFINAS, CALIOPE
6666 N OCEAN BLVD
OCEAN RIDGE FL 33435**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
KOFFINAS, CALIOPE
6666 N OCEAN BLVD
OCEAN RIDGE FL 33435** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 persons empowered.

SIGNATURE: **Caliope Koffinas**
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01 05 '03 **561 7322544**
Date Daytime Phone #

CR2E034 (10/02)