2001 **UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2001 8:00 am
Secretary of State
05-21-2001 90362 023 ***150.00

DOCUMENT # P95000049468

1. Entity Name

S & K OF SARASOTA, INC.

A0070878

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1901 ~~HANSON~~ STREET SARASOTA FL ~~33581~~	1901 ~~HANSON~~ STREET SARASOTA FL 34231-3607

2. Principal Place of Business	3. Mailing Address
1901 Hansen Street	1901 Hansen Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SARASOTA, FL	City & State: SARASOTA, FL
Zip: 34231 / Country: SARASOTA	Zip: 34231 / Country: SARASOTA

4. FEI Number 65-0590285 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COHEN, LAWRENCE
1901 HANSON STREET
SARASOTA FL 33581

7. Name and Address of New Registered Agent

Name: DEMETRIA KATSIHTIS
Street Address (P.O. Box Number is Not Acceptable): 1901 HANSEN ST.
City: SARASOTA FL Zip Code 34231

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: DEMETRIA KATSIHTIS *Demetria Katsihtis* 4/26/01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D COHEN, LAWRENCE ~~631 EMERALD HARBOR~~ DRIVE ~~SARASOTA FL 34228~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COHEN, LAWRENCE 1901 Hansen Street Sarasota, FL 34231 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 [illegible] empowered.

SIGNATURE: LAWRENCE S. COHEN 4/26/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #