

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000095373

1. Entity Name  
A.K. WOOD CRAFT INC.



**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90131 050 \*\*\*150.00

0420907 AV

Principal Place of Business  
~~3550 23 AVENUE~~  
~~BAY 6~~  
~~LAKE WORTH FL 33461~~  
~~US~~

Mailing Address  
3550 23 AVENUE  
BAY 6  
LAKE WORTH FL 33461  
US

JUL 1 2004



2. Principal Place of Business  
3821 Fiscal Ct.  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
Riviera Beach, Florida

City & State

4. FEI Number 65-0303393

Applied For  
Not Applicable

Zip 33404 Country United States

Zip Country

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

LOUKAS, ANTONIOS  
~~3550 23 AVENUE~~ 3821 Fiscal Ct  
~~BAY 6~~ Riviera Beach, FL 33404  
~~LAKE WORTH FL 33461~~

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	P	<input type="checkbox"/> Delete
NAME	LOUKAS, ANTONIOS	
STREET ADDRESS	1727 KELSO AVE	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	V	<input type="checkbox"/> Delete
NAME	LOUKAS, MICHAEL	
STREET ADDRESS	1727 KELSO AVE	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	VP Meltini	<input checked="" type="checkbox"/> Delete
NAME	MELTENE, LOUKAS	
STREET ADDRESS	1727 KELSO AVE	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	Treasurer	<input checked="" type="checkbox"/> Delete
NAME	LOUKAS, CHRISTOS	
STREET ADDRESS	1727 KELSO AVE	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	George Loukas	<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CEO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Meltini Loukas	
STREET ADDRESS	1727 Kelso Ave	
CITY-ST-ZIP	Lake worth, FL 33460	
TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Christos Loukas	
STREET ADDRESS	4045 Arthunium Ave	
CITY-ST-ZIP	Lantana, FL 33462	
TITLE	George Loukas	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Secretary	
STREET ADDRESS	1727 Kelso Ave	
CITY-ST-ZIP	Lake worth, FL 33460	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-03 561-576-6009  
Date Daytime Phone \*

CR2E034 (10/02)