

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000088491

1. Entity Name

G & K'S OF BLOOMINGDALE, INC.

FILED

Feb 21, 2000 8:00 am  
Secretary of State

02-21-2000 90010 047 \*\*\*150.00

Principal Place of Business

Mailing Address

127 E BLOOMINGDALE AVE  
BRANDON FL 33511

127 E BLOOMINGDALE AVE  
BRANDON FL 33511-8102

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3538333

Applied For

Not Applicable

Zip

Country

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

KONTAKOS, GEORGE  
537 FLORIDA CIRCLE S  
APOLLO BEACH FL 33572

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, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution.

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\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVST  
NAME KONTAKOS, GEORGE  
STREET ADDRESS 537 FLORIDA CIRCLE S  
CITY-ST-ZIP APOLLO BEACH FL 33572

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME KONTAKOS, GEORGE  
STREET ADDRESS 537 FLORIDA CIRCLE S  
CITY-ST-ZIP APOLLO BEACH FL 33572

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☐ 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:

George Kontakos  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-00-813-643-3862  
Date Daytime Phone #

CR2E034 (9/99)