

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90744 045 \*\*\*150.00

DOCUMENT # P99000016085

1. Entity Name  
KOLONAKI, INC.



Principal Place of Business  
~~5260 TUDOR COURT~~  
~~NAPLES FL 34112~~

Mailing Address  
348 BAY MEADOWS DRIVE  
NAPLES FL 34113

2. Principal Place of Business

2075 Pine Ridge Rd

3. Mailing Address

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

Zip

34109

Country

USA

Zip

Country

4. FEI Number

65-0894798

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

GIARIMOUSTAS STAVROS  
5260 TUDOR COURT  
NAPLES FL 34112

STAVROS GIARIMOUSTAS  
348 - BAY MEADOWS DR  
NAPLES, FL 34113

7. Name and Address of New Registered Agent

Name STAVROS GIARIMOUSTAS  
Street Address (P.O. Box Number is Not Acceptable)  
348 BAY MEADOWS DR  
City NAPLES FL Zip Code 34113

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

*Stavros Giarmoustas*

STAVROS GIARIMOUSTAS

04-30-03

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE PS  
NAME GIARIMOUSTAS, ELISE  
STREET ADDRESS 5260 TUDOR COURT  
CITY-ST-ZIP NAPLES FL 34112

348. BAY MEADOWS DR  
NAPLES FL 34113

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

*Stavros Giarmoustas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/03

239-594-8880

Daytime Phone #

CR2E034 (10/02)