FILED
Jul 02, 2002 8:00 am
Secretary of State
07-02-2002 90810 048 ***150.00

2002 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000059754

1. Entity Name
KONSTANTINOU INVESTMENT CORPORATION

DO NOT WRITE IN THIS SPACE

B0126603

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 87 N. WINTER PARK DRIVE	3. Mailing Address: P.O. BOX 700335
Suite, Apt #, etc	Suite, Apt #, etc.
City & State: CASSELBERRY, FL	City & State: ST. CLOUD, FL
Zip: 32707 Country:	Zip: 34770-0335 Country:

4. FEI Number: 59-3592708 — Applied For / Not Applicable

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

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7. Name and Address of Current Registered Agent
Name: CONSTANTINE, NICHOLAS
Street Address (P.O. Box Number is Not Acceptable): 87 N. WINTER PARK DRIVE
City: CASSELBERRY FL Zip Code: 32707

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PD	TITLE	
NAME	CONSTATINE, NICHOLAS	NAME	
STREET ADDRESS	87 N. WINTER PARK DRIVE	STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY, FL 32707	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	LAWS, CHERYL	NAME	
STREET ADDRESS	87 N. WINTER PARK DRIVE	STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY, FL 32707	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Nicholas A. Constantine NICHOLAS CONSTANTINE APRIL 30, 02 407 695-77292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #