2002 Uniform Business Report (UBR)

SIGNATURE:

Mar 28, 2002 8:00 am DOCUMENT # P99000073340 **Secretary of State** 1. Entity Name KONSTANTATOS ENTERPRISES, INC. 03-28-2002 90788 044 ***150.00 Principal Place of Business Mailing Address **NICK KONSTANTATOS NICK KONSTANTATOS** 915 11TH TERRACE 915 11TH TERRACE VERO BEACH FL 32960 VERO BEACH FL 32960 2. Principal Place of Business' 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0945331 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KONSTANTATOS, NICK NUNSIANTATOS, NICK 915 11 TERRACE Street Address (P.O. Box Number is Not Acceptable) VERO BEACH FL-32969 City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD ☐ Delete TITLE ☐ Addition NAME KONSTANTATOS, NICK NAME STREET ADDRESS 915 11TH TERRACE STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32960 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME KONSTANTATOS, SUSAN J STREET ADDRESS STREET ADDRESS 915 11TH TERRACE CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32960 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIPT * TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

ONSTANTATOS 3-10-02 (561) 770-281