

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91474 006 ***150.00

01/1/02 AV

DOCUMENT # P99000094693

1. Entity Name
T.K.K. OF PORT ST. JOHN, INC.

Principal Place of Business KELSEY'S PIZZERIA 6811 N US 1 COCOA FL 32927	Mailing Address KELSEY'S PIZZERIA 6811 N US 1 COCOA FL 32927
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2. Principal Place of Business 6811 N US 1 Suite, Apt. #, etc.	3. Mailing Address 6811 N US 1 Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State COCOA FL	City & State
Zip 32927 Country	Zip Country

4. FEI Number 59-3606205	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KYRIAKOULIS, THEODORE
6811 N. U.S. HWY. 1
COCOA FL 32952

7. Name and Address of New Registered Agent
 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 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, 2002 Fee will be \$550.00
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 DP	<input type="checkbox"/> Delete
NAME KYRIAKOULIS, THEODORE	
STREET ADDRESS 6811 N. U.S. HWY. 1	
CITY-ST-ZIP COCOA FL 32952	
TITLE	<input type="checkbox"/> Delete
NAME KYRIAKOVLIS, KOSTA	
STREET ADDRESS 6811 N US 1	
CITY-ST-ZIP COCOA FL 32927	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	<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	

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: DATE: **4-17-02** DAYTIME PHONE # **321-628-3333**

CR2E034 (9/01)