

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

DOCUMENT # **P99000096995**

1. Entity Name
B & K ENTERPRISES OF PASCO, INC.



01-22-2003 90067 001 *****8.75
01-22-2003 90067 002 ***150.00

Principal Place of Business
**2027 GRAND BLVD.
HOLIDAY FL 34690**

Mailing Address
**2027 GRAND BLVD.
HOLIDAY FL 34690**

2. Principal Place of Business
S A A

3. Mailing Address
S A A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3606527**

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

**COSTANZA, PETER E
1378 DAVENPORT DRIVE
NEW PORT RICHEY FL 34655**

7. Name and Address of New Registered Agent

Name
Anton Kiriwas
Street Address (P.O. Box Number is Not Acceptable)

3609 Martell ST

City **NEW Port Richey** FL Zip Code **34655**

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 **Anton Kiriwas** **Anton Kiriwas** **1-1-03**
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 **PD** ☒ Delete
NAME **COSTANZA, KIMBERLY CASEY**
STREET ADDRESS **2027 GRAND BLVD.**
CITY-ST-ZIP **HOLIDAY FL 34690**

TITLE **VPD** ☒ Delete
NAME **COSTANZA, PETE**
STREET ADDRESS **2027 GRAND BLVD.**
CITY-ST-ZIP **HOLIDAY FL 34690**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **Anton Kiriwas**
STREET ADDRESS **2027 Grand Blvd**
CITY-ST-ZIP **Holiday FL 34690**

TITLE **VPD** ☒ Change ☐ Addition
NAME **Angela m Kiriwas**
STREET ADDRESS **2027 Grand Blvd**
CITY-ST-ZIP **Holiday FL 34690**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Anton Kiriwas** **1-1-03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)