

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Aug 04, 2002 8:00 am
Secretary of State

08-04-2002 90161 048 ***150.00

DOCUMENT # S07983**1. Entity Name**
I.N.K.E.E., INC.**Principal Place of Business**
3518 S. DIXIE HWY.
WEST PALM BEACH FL 33405**Mailing Address**
861-C N. MILITARY TRAIL
W. PALM BEACH FL 33415

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0228523Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**KARACHALIAS, IOANNIS
861-C N. MILITARY TRAIL
WEST PALM BEACH FL 33415

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. I am familiar with, and accept the obligations of registered agent.

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)**FILE NOW!!! FEE IS \$550.00**
After September 13, 2002 Fee will be \$750.00
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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	P	KARACHALIAS, IOANNIS	861-C N. MILITARY TRAIL	
		WEST PALM BEACH FL 33415		

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/23/02 (561) 687-4897

CR2E034 (4/02)

Attachment
Q# S07983
972052

I. N. K. E. E. INC. 01-91		1085
PH. 561-687-4897		
3518 SOUTH DIXIE HIGHWAY		
WEST PALM BEACH, FL 33405		
Date <u>March 28th, 2002</u>		63-4/630 FL 1447
Pay to the Order of	<u>Division of Corp. (Dept of State)</u>	\$ <u>150.00</u>
<u>One hundred fifty and 00/100</u>		Dollars
Bank of America.		
ACH R/T 063000047		
For	<u>S07983</u>	
⑆063000047⑆ 001611732836⑆ 1085		
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