

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V17757

1. Entity Name

K.V.K. CONTRACTING, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90164 019 ***150.00

Principal Place of Business

1845 ALT 19 SOUTH
TARPON SPRINGS FL 34689
US

Mailing Address

1845 ALT 19 SOUTH
TARPON SPRINGS FL 34689-1944
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

727 Wesley Drive
Suite, Apt. #, etc.

TARPON SPRINGS
City & State
TARPON SPRINGS, FL

Zip Country
34689 US

3. Mailing Address

P.O. Box 1997
Suite, Apt. #, etc.

TARPON SPRINGS, FL
City & State

Zip Country
34689 US

4. FEI Number 59-3114052

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PSEFTELIS, KALIOPE
1502 FOX RUN DR
TARPON SPRINGS FL 34689

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

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 \$150.00
After MAY 1, 2000 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 P
NAME PSEFTELIS, VASILIS
STREET ADDRESS 1502 FOX RUN DR
CITY-ST-ZIP TARPON SPRINGS FL ☐ Delete

TITLE ST
NAME PSEFTELIS, KALIOPE
STREET ADDRESS 1502 FOX RUN DRIVE
CITY-ST-ZIP TARPON SPRINGS FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

1-11-99

Date

727-934-9981

Daytime Phone #

CR2E034 (9/99)