FILED
Sep 12, 2003 8:00 am
Secretary of State
09-12-2003 90102 039 ****61.25

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02000007517

1. Entity Name
III KINGS INC.

Principal Place of Business	Mailing Address
6612 VERNON ST. ORLANDO, FL 32818 US	34 BRICKYARD RD. #2 ESSEX JUNCTION, VT 05452

[redacted]

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	61 PEARL ST. Suite, Apt. #, etc. #23
City & State	City & State ESSEX JUNCTION, VT.
Zip / Country	Zip 05452 / Country US

4. FEI Number 37-1451959 ☐ Applied For ☐ Not Applicable

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
BUTLER, CHRISTANEL 5911 N.W. 16TH ST. OCALA, FL 34482	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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW, FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable To: Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEC CHANDRE, CHANDRE 2 OLDE ORCHARD PARK APT. 223 SOUTH BURLINGTON, VT 05403	☐ Delete	CEC CHANDRE CHANDRE 6612 VERNON ST. ORLANDO, FL. 32818	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEC JEAN, ULDRICK R 34 BRICKYARD RD. #2 ESSEX JUNCTION, VT 05452	☐ Delete	CEC JEAN, ULDRICK R 61 PEARL ST. #23 ESSEX JUNCTION, VT. 05452	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEC NIXON, THERON E 630 WINCHESTER PLACE COLCHESTER, VT 05446	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (10/02)

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 617, 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: Chandre Chandre 09/10/03 407-247-1662
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR DIRECTOR — Date — Daytime Phone #