


FILED
May 12, 2003 8:00 am
Secretary of State

04-21-2003 90382 040 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000131490

1. Entity Name
KING TUT IMPORT & EXPORT, INC.



55040003

Principal Place of Business
 210 TRAIL BRIDGE CT.
 WINTER GARDEN, FL 34787

Mailing Address
 210 TRAIL BRIDGE CT.
 WINTER GARDEN, FL 34787



2. Principal Place of Business
 State, Apt. #, etc.

3. Mailing Address
 State, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **68-0531573** Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BIZ ESSENTIALS INC.
 804 JOHNS LANDING WAY
 OAKLAND, FL 34787

Name

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

City

FL Zip Code

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

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and his 1 spouse(s). (NONE) Registered Agent/Spouse(s) typed office address(es)

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME STREET ADDRESS CITY-STATE-ZIP	TITLE	NAME STREET ADDRESS CITY-STATE-ZIP
<input type="checkbox"/> Delete	P ELSHERBENY, EMADEL DIN M 210 TRAIL BRIDGE CT. WINTER GARDEN, FL 34787	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(5)(1), 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another line empowered.

SIGNATURE: 

SIGNATURE AND TITLE OF CURRENT NAME OF REGISTERING OFFICER OR DIRECTOR

CORPORATE (10/02)