

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90213 007 ***150.00

DOCUMENT # 370640

1. Entity Name

KING GLEN, INC.

Principal Place of Business

1070 12TH STREET
P.O. BOX 1029
VERO BEACH FL 32961
US

Mailing Address

1070 12TH STREET
P.O. BOX 1029
VERO BEACH FL 32961
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1356345

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

STINSON, GEORGE SIDNEY
6880 16TH ST
VERO BEACH FL 32966

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	STINSON, GEORGE SIDNEY	
STREET ADDRESS	6880 16TH ST	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	STINSON, GENEVA	
STREET ADDRESS	6880 16TH ST	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STINSON, GENEVA	
STREET ADDRESS	6880 16TH ST	
CITY-ST-ZIP	VERO BEACH FL	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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

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: George Sidney Stinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01

Date

561-562-5354

Daytime Phone #

CR2E034 (10/00)