

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90138 014 \*\*\*158.75

**DOCUMENT # 375790**

1. Entity Name  
**KING SYMONDS REALTY, INC.**



Principal Place of Business  
**3916 CLEVELAND AVENUE  
FORT MYERS FL 33901  
US**

Mailing Address  
**3916 CLEVELAND AVENUE  
FORT MYERS FL 33901  
US**

2. Principal Place of Business

3. Mailing Address

**1249 WALES DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**FT. MYERS FL**

Zip

Country

Zip

**33901**

Country

**USA**

4. FEI Number

**59-1445957**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SYMONDS JR,C M  
1249 WALES DRIVE  
FORT MYERS FL 33901**

7. Name and Address of New Registered Agent

Name

**V. LaVerne Symonds**

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

**1249 Wales Drive**

City

**Ft. Myers**

**FL**

Zip Code

**33901**

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

*V. LaVerne Symonds*

**1-13-03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

(DATE)

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete  
NAME **SYMONDS JR,C M**  
STREET ADDRESS **1249 WALES DRIVE**  
CITY-ST-ZIP **FORT MYERS FL**

TITLE **V** ☐ Delete  
NAME **SMITH, JAMES R.**  
STREET ADDRESS **3916 CLEVELAND AVE**  
CITY-ST-ZIP **N. FORT MYERS FL**

TITLE **S** ☐ Delete  
NAME **SYMONDS, LAVERNE V.**  
STREET ADDRESS **1249 WALES DRIVE**  
CITY-ST-ZIP **FORT MYERS FL**

TITLE ☐ Delete  
NAME **V**  
STREET ADDRESS **1249 WALES DRIVE**  
CITY-ST-ZIP **FORT MYERS FL**

TITLE ☐ Delete  
NAME **V**  
STREET ADDRESS **1249 WALES DRIVE**  
CITY-ST-ZIP **FORT MYERS FL**

TITLE ☐ Delete  
NAME **V**  
STREET ADDRESS **1249 WALES DRIVE**  
CITY-ST-ZIP **FORT MYERS FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME **V. LaVerne Symonds**  
STREET ADDRESS **1249 WALES DRIVE**  
CITY-ST-ZIP **FT. MYERS, FL 33901**

TITLE ☐ Change ☐ Addition  
NAME **V. LaVerne Symonds**  
STREET ADDRESS **1249 WALES DRIVE**  
CITY-ST-ZIP **FT. MYERS, FL 33901**

TITLE ☒ Change ☐ Addition  
NAME **V. LaVerne Symonds**  
STREET ADDRESS **1249 WALES DRIVE**  
CITY-ST-ZIP **FT. MYERS, FL 33901**

TITLE ☐ Change ☐ Addition  
NAME **V**  
STREET ADDRESS **1249 WALES DRIVE**  
CITY-ST-ZIP **FORT MYERS FL**

TITLE ☐ Change ☐ Addition  
NAME **V**  
STREET ADDRESS **1249 WALES DRIVE**  
CITY-ST-ZIP **FORT MYERS FL**

TITLE ☐ Change ☐ Addition  
NAME **V**  
STREET ADDRESS **1249 WALES DRIVE**  
CITY-ST-ZIP **FORT MYERS FL**

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 607, 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:

*V. LaVerne Symonds*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-13-03 239-936-4186**

(Date)

(Daytime Phone #)

CR2E034 (10/02)