

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90186 023 ***150.00

DOCUMENT # 407909

1. Entity Name

KING BUILDING AND DEVELOPMENT CORPORATION

Principal Place of Business

**VENICE GARDENS INDUSTRIAL PARK
 POST OFFICE BOX 1475
 VENICE FL 34284-1475**

Mailing Address

**VENICE GARDENS INDUSTRIAL PARK
 POST OFFICE BOX 1475
 VENICE FL 34284-1475**

2. Principal Place of Business

1100 N. Toledo Blade Blvd.

Suite, Apt. #, etc.

3. Mailing Address

1100 N. Toledo Blade Blvd.

Suite, Apt. #, etc.

City & State

North Port, FL 34288

City & State

North Port, FL 34288

4. FEI Number

59-1535724

Applied For

☐ Not Applicable

Zip

34288-8694

Country

USA

Zip

34288-8694

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

KING, THOMAS M

1220 OGDEN RD

VENICE FL 34292

7. Name and Address of New Registered Agent

Name

KING, THOMAS M.

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

1100 N. Toledo Blade Blvd.

City

North Port

FL

Zip Code

34288

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, 2002 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 **PD** ☐ Delete
 NAME **KING, THOMAS M**
 STREET ADDRESS **401 OSPREY POINT DR.**
 CITY-ST-ZIP **OSPREY FL**

TITLE **D** ☐ Delete
 NAME **KING, JUDITH**
 STREET ADDRESS **401 OSPREY POINT DR.**
 CITY-ST-ZIP **OSPREY FL**

TITLE **VP** ☐ Delete
 NAME **KING, JEFFREY**
 STREET ADDRESS **705 BAYSHORE RD**
 CITY-ST-ZIP **NOKOMIS FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)