

FILED

Jun 05, 2003 8:00 am
Secretary of State

05-01-2003 90872 001 ***300.00

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

DOCUMENT # 444301

1. Entity Name

THE KING AGENCY, INC.

Principal Place of Business
9009 REGENCY SQUARE BLVD
JACKSONVILLE FL 32211Mailing Address
P. O. DRAWER U
JACKSONVILLE FL 32203

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 59-1553004

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

7. Name and Address of New Registered Agent

~~DAYS-HOLDING, INC.~~
~~16300 NE 19TH AVENUE, SUITE 104~~
~~NORTH MIAMI BEACH FL 33162~~

Name

STEIN, DAVID A.

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

9009 REGENCY SQUARE BLVD.

City

JACKSONVILLE

FL

Zip Code

32211

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/30/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ST	<input type="checkbox"/> Delete
NAME	HICKS, EDWARD	
STREET ADDRESS	9009 REGENCY SQUARE BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL	

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	STEZON, DAVID	
STREET ADDRESS	9009 REGENCY SQUARE BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL	

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

TITLE	V	<input type="checkbox"/> Delete
NAME	JELINEK, BEVERLY	
STREET ADDRESS	9009 REGENCY SQUARE BLVD	
CITY-ST-ZIP	JACKSONVILLE FL	

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

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

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

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

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

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

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03 904-725-4122

Date

Daytime Phone #

CR2004 (10/02)