

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**  
 05-23-2002 90138 009 \*\*\*150.00

**DOCUMENT # 519964**

1. Entity Name

**DOUGLAS KING BUILDERS, INC.**

Principal Place of Business

2655 CAPITAL CIRCLE NE

#G

TALLAHASSEE FL 32308

Mailing Address

2655 CAPITAL CIRCLE NE

#G

TALLAHASSEE FL 32308

**80113542**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6753 THOMASVILLE RD

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Box 236

City & State

City & State

TALLAHASSEE FL

Zip

Country

Zip

Country

32312

USA

4. FEI Number

59-1704233

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

KING, DOUGLAS P

5528 PIMLICO DR.

TALLAHASSEE FL 32308

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 of registered agent or principal name of registered agent and title if applicable.

PRES / Douglas King

(NOTE: Registered Agent signature required when reinstating)

4/28/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
 NAME KING, DOUGLAS P  
 STREET ADDRESS 5528 PIMLICO DR.  
 CITY-ST-ZIP TALLAHASSEE FL

☐ Delete

TITLE VP  
 NAME EDENFIELD, PENNY E  
 STREET ADDRESS 5528 PIMLICO DR.  
 CITY-ST-ZIP TALLAHASSEE FL

☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE P, VP, SEC, TREAS  
 NAME Douglas P King  
 STREET ADDRESS 6753 THOMASVILLE RD PMB#236  
 CITY-ST-ZIP TALLAHASSEE FL 32312

☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES

4/28/02

Date

518-532-9096

Daytime Phone #

CR2E034 (9/01)