

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90073 048 \*\*\*150.00

0156909

**DOCUMENT # 676936**

1. Entity Name

**J. BRIAN KING, INC.**

Principal Place of Business

~~1844 TIGERTAIL AVE~~  
~~MIAMI FL 33133~~  
~~US~~

Mailing Address

~~1844 TIGERTAIL AVE~~  
~~MIAMI FL 33133~~  
~~US~~

2. Principal Place of Business

**85501 OLD HIGHWAY**  
 Suite, Apt. #, etc.

3. Mailing Address

**85501 OLD HIGHWAY**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**ISLAMORADA, FL**

City & State

**ISLAMORADA, FL**

4. FEI Number

**59-2016260**

Applied For

Not Applicable

Zip **33036**

Country

**USA**

Zip

**33036**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KING, J. BRIAN**  
~~1844 TIGERTAIL AVE~~  
~~MIAMI FL 33133~~

Name

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

**85501 OLD HIGHWAY**

**ISLAMORADA, FL**

City

**FL**

Zip Code

**33036**

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST KING, J. BRIAN 1844 TIGERTAIL AVE MIAMI FL 33133</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>85501 OLD HIGHWAY ISLAMORADA, FL 33036</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**J. BRIAN KING, PRES.**

Date

Daytime Phone #

**2/26/01 305 6640020**

CR2E034 (10/00)