

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F35345**

1. Entity Name

**THE KING GROUP INC.****FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90385 037 \*\*\*158.75

Principal Place of Business

**302 COLLEGE DR  
SUITE-A  
ORANGE PARK FL 32065  
US**

Mailing Address

**C/O DAVID A. KING, ATTORNEY  
1416 KINGSLEY AVENUE  
ORANGE PARK FL 32073**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-2093194**

Applied For

Not Applicable

5. Certificate of Status Desired **X****\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KING, DAVID A.  
ATTORNEY AT LAW  
1416 KINGSLEY AVENUE  
ORANGE PARK FL 32073**

Name

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

City

State

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, typed or printed name of registered agent and fee payable

(NOTE: Registered Agent's 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN :

| TITLE | NAME                            | STREET ADDRESS           | CITY-STATE-ZIP               | TITLE | NAME | STREET ADDRESS | CITY-STATE-ZIP | Change                   | Addition                 |
|-------|---------------------------------|--------------------------|------------------------------|-------|------|----------------|----------------|--------------------------|--------------------------|
|       | <b>PSTD<br/>KING, KAREN LEE</b> | <b>342 FLEMING DRIVE</b> | <b>GREEN COVE SPRINGS FL</b> |       |      |                |                | <input type="checkbox"/> | <input type="checkbox"/> |
|       |                                 |                          |                              |       |      |                |                | <input type="checkbox"/> | <input type="checkbox"/> |
|       |                                 |                          |                              |       |      |                |                | <input type="checkbox"/> | <input type="checkbox"/> |
|       |                                 |                          |                              |       |      |                |                | <input type="checkbox"/> | <input type="checkbox"/> |
|       |                                 |                          |                              |       |      |                |                | <input type="checkbox"/> | <input type="checkbox"/> |
|       |                                 |                          |                              |       |      |                |                | <input type="checkbox"/> | <input type="checkbox"/> |
|       |                                 |                          |                              |       |      |                |                | <input type="checkbox"/> | <input type="checkbox"/> |
|       |                                 |                          |                              |       |      |                |                | <input type="checkbox"/> | <input type="checkbox"/> |
|       |                                 |                          |                              |       |      |                |                | <input type="checkbox"/> | <input type="checkbox"/> |

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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/17/01**

Date

Daytime Phone #

CR2E034 (10/00)