

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State
 05-20-2002 90255 049 ***150.00

0505942 AI

DOCUMENT # F68300

1. Entity Name
KINGSWAY PROPERTIES, INC.

Principal Place of Business

**12607 S.W. KINGSWAY CIR
 LAKE SUZY FL 34266
 US**

Mailing Address

**12607 S.W. KINGSWAY CIR
 LAKE SUZY FL 34266
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12577 SW Kingsway Cr

3. Mailing Address

12577 SW Kingsway Cr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Suzy FL

City & State

Lake Suzy FL

4. FEI Number

59-2189561

Applied For

Not Applicable

Zip

34269

Country

Zip

34269

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BISHOP, BRAD
 12607 S.W. KINGSWAY CIR
 LAKE SUZY FL 34266**

7. Name and Address of New Registered Agent

Name

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

12577 SW Kingsway Cr

City

Lake Suzy

FL

Zip Code

34269

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	DV	<input type="checkbox"/> Delete
NAME	BISHOP, BRAD E.	
STREET ADDRESS	12077 SW KINGSWAY CIRCLE	
CITY-ST-ZIP	LAKE SUZY FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHMIDT, HAROLD E	
STREET ADDRESS	850 KINGSWAY CIRCLE	
CITY-ST-ZIP	LAKE SUZY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12577 SW Kingsway Cr
STREET ADDRESS	Lake Suzy, FL 34269
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12313 SW Kingsway Cr.
STREET ADDRESS	Lake Suzy, FL 34269
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)