

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000003389

1. Entity Name

SEVEN KINGS HOLDINGS, INCORPORATED

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90190 006 \*\*\*150.00

Principal Place of Business	Mailing Address
801 UNO LAGO DRIVE JUNO BEACH FL 33408 US	801 UNO LAGO DRIVE JUNO BEACH FL 33408-2680

2. Principal Place of Business		3. Mailing Address	
801 UNO LAGO DRIVE Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Juno Beach FL		City & State	
Zip 33408	Country USA	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	52-1740873	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
JC SOLOMON II 801 UNO LAGO DRIVE JUNO BEACH FL 33400	

7. Name and Address of New Registered Agent	
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 \_\_\_\_\_ (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) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	SOLOMON, J.C. II	NAME	
STREET ADDRESS	801 UNO LAGO DR	STREET ADDRESS	
CITY-ST-ZIP	JUNO BCH FL	CITY-ST-ZIP	
TITLE	VSTD	TITLE	
NAME	GRAZIOTTO, RAYMOND E	NAME	
STREET ADDRESS	801 UNO LAGO DR	STREET ADDRESS	
CITY-ST-ZIP	JUNO BEACH FL	CITY-ST-ZIP	
TITLE		TITLE	CFO
NAME		NAME	William E Taylor
STREET ADDRESS		STREET ADDRESS	500 UNO LAGO DRIVE #205
CITY-ST-ZIP		CITY-ST-ZIP	JUNO BEACH, FL 33408
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: William E. Taylor William E. Taylor 1/5/2000 561-625-9443  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)