2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9400003943

1. Entity Name

ROBERT H. KING INCORPORATED

9

Principal Place of Business

Mailing Address

6550 CAMPBELL BLVD. LOCKPORT NY 14094

6550 CAMPBELL BLVD. LOCKPORT NY 14094-9210

2. Principal Place of Business 3. Mailing Address

FILED Feb 28, 2000 8:00 am Secretary of State

02-28-2000 90067 002 ***150.00

UUUGBAJJ



| Suite, Apt. #, etc. | | | | | E HARELONG SIEU SURII OTDIY ROYSI ONSIL OGSIL YSIIS ROYAN ISIYA SUSIL OSANO ISIYA | |
|--|---|-------------------------------|--|---|---|----------------------------------|
| | | Suite, Apt. #, et | Suite, Apt. #, etc. | | DO NOT WRITE IN THIS SPACE | |
| City & State | | City & State | City & State | | FEI Number 16-0955637 | Applied For Not Applicable |
| Zip | Country | Zip | Zip Countr | | | \$8.75 Additional ee Required |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | |
| * , · · · | <u>.</u> | | | Name | | |
| KING, ROBERT H JR 995 DAISY CT. MARCO ISLAND FL 33937 | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | City | FL | Zip Code |
| 8. The above named | entity submits this statemen | nt for the purpose of char | nging its register | ed office or registered a | tgent, or both, in the State of Florida. | |
| SIGNATURE Signature, | , typed or printed name of registered a | gent and title if applicable. | (NOTE. Registere | d Agent signature required when | reinstating) DATE | - <u></u> |
| 9. This corporation is eligible to satisfy its Intangible 12. Tax/filing requirement and elects to do so. (See criteria on back) FILE:NOW!!! FEE After MAY 1, 2000 Fee Make Check Payable to De | | | | will be \$550.00 | Election Campaign Financing Trust Fund Contribution. | \$5.00 May Be Added to Fees |

Qê. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. **PDC** TITLE ☐ Detete TITLE ☐ Change ☐ Addition KING, ROBERT H JR. 1894 CF NAME ______ STREET ADDRESS 5497 WARD HEIGHTS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OLCOTT NY 14126 TITLE ☐ Delete TITLE ☐ Change Addition KING, JEAN NAME NAME STREET ADDRESS STREET ADDRESS 4260 TONAWANDA CREEK RD. CITY-ST-ZIP CITY-ST-ZIP NORTH TONAWANDA NY 14120 Delete TITLE Change Addition TITLE KING, CHRISTOPHER NAME: NAME STREET ADDRESS STREET ADDRESS 4260 TONAWANDA CREEK RD. CITY-ST-7/8 CITY-ST-ZIP NORTH TONAWANDA NY 14120 ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition HILE SIRVE ADDRESS 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: