

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90162 012 ***150.00

0620088 AT

DOCUMENT # F97000003984
1. Entity Name
KING AUTOMOTIVE & INDUSTRIAL EQUIPMENT, INC.

Principal Place of Business **Mailing Address**
8503 HILLTOP DRIVE **8503 HILLTOP DRIVE**
OOLETEWAH TN 37363 **OOLETEWAH TN 37363**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 62-1683683		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				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. ☐ **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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE	VP/T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BADGLEY, JEFFREY L			NAME	J. VINCENT MISH		
STREET ADDRESS	8503 HILLTOP DRIVE			STREET ADDRESS	8503 HILLTOP DRIVE		
CITY-ST-ZIP	OOLETEWAH TN 37363			CITY-ST-ZIP	OOLETEWAH TN 37363		
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHERRY, MICHAEL			NAME			
STREET ADDRESS	49027 -16TH AVE. S.			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33619			CITY-ST-ZIP			
TITLE	VS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MADONIA, FRANK			NAME			
STREET ADDRESS	8503 HILLTOP DRIVE			STREET ADDRESS			
CITY-ST-ZIP	OOLETEWAH TN 37363			CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TATUM, DAVID E			NAME			
STREET ADDRESS	7704 BASSWOOD DR			STREET ADDRESS			
CITY-ST-ZIP	CHATTANOOGA TN 37416			CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DUNAYER, ADAM			NAME			
STREET ADDRESS	8503 HILLTOP DR			STREET ADDRESS			
CITY-ST-ZIP	OOLETEWAH TN 37363			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RUSSELL, F. GEOFFREY			NAME			
STREET ADDRESS	8503 HILLTOP DR			STREET ADDRESS			
CITY-ST-ZIP	OOLETEWAH TN 37363			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 any other like empowered.

SIGNATURE Geoffrey Russell **01-08-02** **423-238-4771**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)