FILED
Aug 22, 2003 8:00 am
Secretary of State
08-22-2003 90105 020 ***550.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003097

1. Entity Name

KING ACQUISITIONS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2601 E. Oakland Park Boulevard	2601 E. Oakland Park Boulevard
Suite, Apt. #, etc.: Suite 301	Suite, Apt. #, etc.: Suite 301
City & State: Fort Lauderdale, Florida	City & State: Fort Lauderdale, Florida
Zip: 33306 Country: USA	Zip: 33306 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0919945 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Peter C. King or JoAnn Lombardi

Street Address (P.O. Box Number is Not Acceptable): 2601 E. Oakland Park Boulevard, Suite 301

City: Fort Lauderdale FL Zip Code: 33306

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP / JoAnn Lombardi 2601 E. Oakland Park Boulevard, Suite 301 Fort Lauderdale, Florida 33306	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCEO / Peter C. King 2601 E. Oakland Park Boulevard, Suite 301 Fort Lauderdale, Florida 33306	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Peter C. King 8/19/03 9545651555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #