

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H11459

1. Entity Name

KING'S KARDS, INC.

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90003 035 \*\*\*150.00

0517824

Principal Place of Business

3052 COLLEGE AVE.. E.  
RUSKIN FL 33570

Mailing Address

3052 COLLEGE AVE.. E.  
RUSKIN FL 33570

2. Principal Place of Business

4868 State ROAD 674

Suite, Apt. #, etc.

3. Mailing Address

4868 State ROAD 674

Suite, Apt. #, etc.

City & State

Sun City Center, FL

City & State

Sun City Center, FL

Zip

33573

Country

USA

Zip

33573

Country

U.S.A.

4. FEI Number

59-2441217

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NYMARK, DENNIS V.  
110 S. PEBBLE BEACH BLVD  
SUN CITY CENTER FL 33573

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

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, 2001 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 PD  
NAME KING, ILA MAE ☐ Delete  
STREET ADDRESS 3052 COLLEGE AVE. E.  
CITY-ST-ZIP RUSKIN FL 3357

TITLE S  
NAME DAVEN, LEIGH ANN ☐ Delete  
STREET ADDRESS 3052 COLLEGE AVE. E.  
CITY-ST-ZIP RUSKIN FL 33570

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition  
NAME King, ILA MAE  
STREET ADDRESS 4868 State Road 674  
CITY-ST-ZIP Sun City Center, FL 33573

TITLE S ☒ Change ☐ Addition  
NAME DAVEN, LEIGH ANN  
STREET ADDRESS 4868 State Road 674  
CITY-ST-ZIP Sun City Center, FL 33573

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ILA MAE KING

Date

2-20-01

Daytime Phone #

813633-6332

CR2E034 (10/00)