

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J25016

1. Entity Name

KING EDWARD PROPERTIES, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90009 011 ***150.00

Principal Place of Business

Mailing Address

11422 SATELLITE BOULEVARD
ORLANDO FL 32837-9226

11422 SATELLITE BOULEVARD
ORLANDO FL 32837-9226

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2704596

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KING, JAMES R
11422 SATELLITE BLVD
ORLANDO FL 32837

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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	DP									
	KING, JAMES R.	3090 TOHOPEKALIGA DR	ST. CLOUD FL							
	DTS									
	KING, CAROL	3090 TOHOPEKALIGA DR	ST. CLOUD FL							
	DS									
	COUTANT, EDWARD A.	1033 TUSCANY PLACE	WINTER PARK FL							
	DV									
	COUTANT, ELEANOR P.	1033 TUSCANY PLACE	WINTER PARK FL							

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
JAMES R. KING, PRESIDENT

April 12, 2000

407-857-3818

Date

Daytime Phone #

CR2E034 (9/99)