

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90137 028 \*\*\*150.00

**DOCUMENT # K76743**

1. Entity Name  
**KINGS-SON, INC.**

Principal Place of Business % Hsin Ting Chang 550 ANCHOR RODE DR NAPLES, FL 33940 33940-2716	Mailing Address % Hsin Ting Chang 550 ANCHOR RODE DR NAPLES, FL 33940 34103-2716
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>241 CENTER ST.</b>	3. Mailing Address <b>241 CENTER ST.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>NAPLES FLORIDA</b>	City & State <b>NAPLES, FLORIDA</b>
Zip <b>34108</b> Country	Zip <b>34108</b> Country

4. FEI Number <b>65-0121106</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**CHANG, HSIN TING**  
**550 ANCHOR RODE DR**  
**NAPLES FL 33940**

7. Name and Address of New Registered Agent  
 Name ~~CHANG, HSIN TING~~  
 Street Address (P.O. Box Number is Not Acceptable)  
**2374 TURNBERRY COURT,**  
 City **NAPLES** FL Zip Code **34109**

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.  (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHANG, HSIN TING <del>550 ANCHOR RODE DR</del> <del>NAPLES FL</del> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHANG, TONY J. <del>550 ANCHOR RODE DR</del> <del>NAPLES FL</del> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CHANG, LIN HUEI-YI <del>550 ANCHOR RODE DR</del> <del>NAPLES FL</del> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHANG HSIN TING 2374 TURNBERRY COURT. NAPLES FL, 34109 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHANG TONY J 2374 TURNBERRY COURT, NAPLES, FL, 34109 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CHANG LIN HUEI-YI 2374 TURNBERRY COURT, NAPLES FL, 34109 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *X [Signature]* **CHANG, HSIN TING** Date **4/25/2000** Daytime Phone # **(941) 591-1200**

CR2E034 (9/99)