

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90097 033 ***150.00

DOCUMENT # L63430

1. Entity Name
KING BETHUNE, INC.



Principal Place of Business
**7025 S ATLANTIC AVENUE
NEW SYMRNA BEACH FL 32169
US**

Mailing Address
**72 D STREET
HULL MA 02045
US**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
5 Briar Meadow Cir
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Scituate MA

City & State
Scituate MA

Zip
02066

Country

4. FEI Number **59-3005845** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PETERSON, SID C., JR.
418 CANAL STREET
NEW SMYRNA BEACH FL 32168**

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S** Delete
NAME **SHEA KING, DEIDRE**
STREET ADDRESS **7025 S. ATLANTIC AVE.**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

BETH072 020453064 1402 06 01/06/03
NOTIFY SENDER OF NEW ADDRESS
:KING BETHUNE INC
5 BRIAR MEADOW CIR
SCITUATE MA 02066-3000



TITLE **VP** Delete
NAME **STICH, JOSEPH P.**
STREET ADDRESS **7025 SOUTH ATLANTIC AVE.**
CITY-ST-ZIP **NEW SMYRNA BEACH FL**

TITLE **ST** Delete
NAME **STICH, JENNIFER**
STREET ADDRESS **7025 S. ATLANTIC AVE.**
CITY-ST-ZIP **NEW SMYRNA BCH. FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** Delete
NAME **KING, JOHN V.R. JR**
STREET ADDRESS **7025 S ATLANTIC AVE**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED** **1/31/03** **386 426 5752**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #