2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

163430 DOCUMENT



FILED Feb 07, 2003 8:00 am Secretary of State 02-07-2003 90097 033 ***150.00

1. Entity Name KING BETHUNE, INC.	200 100	
Principal Place of Business 7025 \$ ATLANTIC AVENUE NEW SYMRNA BEACH FL 32169 US	Mailing Address 72 D STREET HULL MA 02045 US	
2. Principal Place of Business	3. Mailing Address	- Da s cia

Suite, Apt. #, etc. City & State Country Country A, FEI Number 59-3005845. Act Applicable Fee Required B. Neme and Address of Current Registered Agent F. Name and Address of Status Desired B. Name and Address of Current Registered Agent F. Name and Address of New Regist	7025 S ATLANTIC AVENUE NEW SYMRNA BEACH FL 32169 US		72 D STREET HULL MA 02045 US												
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Zip Country 2 D 2 0 1	Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES								
C. Name and Address of Current Registered Agent PETERSON, SID C., JR. 418 CANAL STREET NEW SMYRNA BEACH FL 32168 City FL Zin Code FL Zin	City & State	e	* .	Scituate with					4. FEI Number 59-3005845						
PETERSON, SID C., JR. 418 CANAL STREET NEW SMYRNA BEACH FL 32168 City FL Zip Code Anter May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will	Zip		Country	Zipc	2066	Cou	ntry	5							
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A18 CANAL STREET NEW SMYRNA BEACH FL 32168 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered algorit, or both, in the State of Florida. If an familiar with, and accept the obligations of registered agent, or both, in the State of Florida. If an familiar with, and accept the obligations of registered agent, or both, in the State of Florida. If an familiar with, and accept the obligations of registered agent, or both, in the State of Florida. If an familiar with, and accept the obligations of registered agent, or both, in the State of Florida. If an familiar with, and accept the obligations of registered agent, or both, in the State of Florida. If an familiar with, and accept the obligations of registered agent, or both, in the State of Florida. If an familiar with, and accept the obligations of registered agent, or both, in the State of Florida. If an familiar with, and accept the obligations of registered agent, or both, in the State of Florida. If an familiar with, and accept the obligations of registered agent, or both, in the State of Florida. If an familiar with, and accept the obligations of registered agent, or both, in the State of Florida. If an familiar with, and accept the obligations of registered agent, or both, in the State of Florida. If an familiar with, and accept the obligations of registered agent, or both, in the State of Florida. If an familiar with, and accept the obligations of registered agent, or both, in the State of Florida. If an familiar with, and accept the obligations of registered agent, or both, in the State of Florida. If an familiar with, and accept the obligations of registered agent, or both, in the State of Florida. If an familiar with, and accept the obligations of registered agent, or both, in the State of Florida. If an familiar with, and accept the part of the State of Florida. FILE NOW!! FEE IS \$150.00 State Aking, DEDRET ALDRESS DEBRETADOR DEBRETADOR DEBRETADOR DEBRETADOR DEBRETADOR DEBRETADO		. 010.0	.				Name								
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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										····				****	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE	NEW SMY	rna beac	H FL 32168												
THE NAME STICH, JOSEPH P STICH							City						FL	Zip Code	e
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		ertify that th	e information supplied with	this filing	does not qualify			ed in Secti	ion 119	9.07(3)(i). F	iorida Stat	utes. I fui	ther certi	fy that the i	nformation

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that if an officer of 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: