

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M89116

1. Entity Name

KING PROPERTY MANAGEMENT SERVICES, INC.

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90100 001 \*\*\*150.00

Principal Place of Business

Mailing Address

3900 ACLINE RD.  
PO BOX 1388  
PUNTA GORDA FL 33951  
US

3900 ACLINE RD.  
PO BOX 1388  
PUNTA GORDA FL 33950-8406  
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 511388

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Punta Gorda FL

Zip

Country

Zip 33951

Country USA

4. FEI Number 65-0073428

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, SANDRA W.  
3416 PEACE RIVER DR.  
PUNTA GORDA FL 33980

Name KING, SANDRA W.

Street Address (P.O. Box Number is Not Acceptable)

3900 Acline Road  
City PUNTA GORDA FL Zip Code 33950

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	DP	<input type="checkbox"/> Delete
NAME	KING, SANDRA W.	
STREET ADDRESS	3416 PEACE RIVER DR.	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	KING, PAMELA B	
STREET ADDRESS	3900 ACLINE RD	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	HANSON, DEBORAH K	
STREET ADDRESS	3900 ACLINE RD.	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Duncan, Pamela B	
STREET ADDRESS	3900 Acline Rd.	
CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

2/8/2000 941-639-6470

CR2E034 (9/99)