

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90317 026 ***150.00

DOCUMENT # M89116

1. Entity Name

KING PROPERTY MANAGEMENT SERVICES, INC.

Principal Place of Business

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

Mailing Address

**PO BOX 511388
PUNTA GORDA FL 33951
US**

2. Principal Place of Business

3900 Acline Rd.

Suite, Apt. #, etc.

P.O. Box 511388

City & State

Punta Gorda, FL

Zip

33951

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

33951

Country

USA



DO NOT WRITE IN THIS SPACE

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.
3900 ACLINE RD
PUNTA GORDA FL 33950**

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

Sandra W. King

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/30/2001

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, 2001 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** ☐ Delete
NAME **KING, SANDRA W.**
STREET ADDRESS **3416 PEACE RIVER DR.**
CITY-ST-ZIP **PUNTA GORDA FL**

TITLE **DP** ☒ Change ☐ Addition
NAME **KING, SANDRA W.**
STREET ADDRESS **3900 Acline Road**
CITY-ST-ZIP **Punta Gorda, FL 33950**

TITLE **DV** ☐ Delete
NAME **DUNCAN, PAMELA B**
STREET ADDRESS **3900 ACLINE RD**
CITY-ST-ZIP **PUNTA GORDA FL 33950**

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Sandra W. King **SANDRA W. KING**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/2001

Date

941-639-6470

Daytime Phone #

CR2E034 (10/00)