

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State
 05-02-2001 90090 041 ****61.25

0057022

DOCUMENT # N00000005671

1. Entity Name

KING WORKS, INC.

Principal Place of Business

Mailing Address

17105 TIFFANY LAKE PLACE
 TAMPA FL 33549

17105 TIFFANY LAKE PLACE
 TAMPA FL 33549

2. Principal Place of Business

1783 BAYHILL DRIVE

Suite, Apt. #, etc.

3. Mailing Address

1783 BAYHILL DRIVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

OLDSMAR, FL

City & State

OLDSMAR, FL

4. FEI Number

59-3675393

Applied For

Not Applicable

Zip

34677

Country

USA

Zip

34677

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DRAPEAU, MICHAEL
 17105 TIFFANY LAKE PLACE
 TAMPA FL 33549

7. Name and Address of New Registered Agent

Name

BEN GASPARINI

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

1783 BAYHILL

City

OLDSMAR

FL

Zip Code

34677

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.

BEN GASPARINI

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/01

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
 NAME **DRAPEAU, MICHAEL**
 STREET ADDRESS **17105 TIFFANY LAKE PLACE**
 CITY-ST-ZIP **TAMPA FL 33549**

TITLE **D** ☐ Delete
 NAME **CORBETT, LARRY**
 STREET ADDRESS **3911 W. EDEN ROCK CIRCLE**
 CITY-ST-ZIP **TAMPA FL 33634**

TITLE **D** ☐ Delete
 NAME **COUGHLIN, ROBERT**
 STREET ADDRESS **40 WOODCUTTER LANE**
 CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **BEN GASPARINI**
 STREET ADDRESS **1783 BAYHILL DRIVE**
 CITY-ST-ZIP **OLDSMAR, FL 34677**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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 617, 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 BEN GASPARINI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01 (127) 571-2796

Date

Daytime Phone #

CR2E037 (10/00)