

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

0069879

DOCUMENT # N00000005671

1. Entity Name
KING WORKS, INC.



05-05-2003 90141 007 ****61.25

Principal Place of Business
**1783 BAYHILL DRIVE
OLDSMAR FL 34677
US**

Mailing Address
**1783 BAYHILL DRIVE
OLDSMAR FL 34677
US**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3675393**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**GASPARINI, BEN
1783 BAYHILL DRIVE
OLDSMAR FL 34677**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GASPARINI, BEN	
STREET ADDRESS	1783 BAYHILL DRIVE	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CORBETT, LARRY	
STREET ADDRESS	3911 W. EDEN ROCK CIRCLE	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	D	<input type="checkbox"/> Delete
NAME	COUGHLIN, ROBERT	
STREET ADDRESS	40 WOODCUTTER LANE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MITCH LEGER	
STREET ADDRESS	15019 Southfork Drive	
CITY-ST-ZIP	TAMPA, FL 33624	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUZANNE SNYDER	
STREET ADDRESS	4503 LIPSEY ROAD	
CITY-ST-ZIP	TAMPA, FL 33629	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEANNE FERGUSON	
STREET ADDRESS	2403 SUNSET DRIVE	
CITY-ST-ZIP	TAMPA, FL 33629	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLAIRE BENNETT	
STREET ADDRESS	3911 W. EDEN ROCK CIRCLE	
CITY-ST-ZIP	TAMPA, FL 33634	
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		

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 an other like empowered.

SIGNATURE: **SIGNATURE REQUIRED BEN GASPARINI, Director 4/30/03 579-2796**

CR2E037 (10/02)