

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90056 050 ****61.25

DOCUMENT # N000000005682

1. Entity Name

THE KING'S STOREHOUSE OF FLORIDA, INC.

Principal Place of Business

Mailing Address

**1020 FERDON BLVD SOUTH
CRESTVIEW FL 32536**

**1020 FERDON BLVD SOUTH
CRESTVIEW FL 32536**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3666808

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

**WILLIAMSON, A. WAYNE ESQ
WELTON & WILLIAMSON, P.A.
1020 FERDON BLVD SOUTH
CRESTVIEW FL 32536**

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

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 ☐ **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees.

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **WELTON, MARK H**
STREET ADDRESS **8251 JORDAN ROAD BAKER**
CITY-ST-ZIP **BAKER FL 32531**

TITLE **D** ☐ Change ☒ Addition
NAME **Nancy J. Brande**
STREET ADDRESS **206 Amelia Place**
CITY-ST-ZIP **Crestview, FL 32539**

TITLE **D** ☐ Delete
NAME **WILLIAMSON, A. WAYNE**
STREET ADDRESS **167 E PT WASHINGTON RD**
CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

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

TITLE **D** ☐ Delete
NAME **WILLIAMSON, TONYA R. KING**
STREET ADDRESS **167 E PT WASHINGTON RD**
CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

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

TITLE **D** ☐ Delete
NAME **GALLOWAY, A.B.**
STREET ADDRESS **55 LAKE SHORE DRIVE**
CITY-ST-ZIP **SHALIMAR FL 32536**

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

TITLE **D** ☐ Delete
NAME **CLEGG, STEVE**
STREET ADDRESS **116 INDIAN TRIAL**
CITY-ST-ZIP **CRESTVIEW FL 32536**

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

TITLE **D** ☐ Delete
NAME **SCHULENBERG, LEONARD**
STREET ADDRESS **PO BOX 330**
CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32435**

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 of William Williamson (President)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-02 (850) 682-2120

CR2E037 (9/01)