

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

FILED
Mar 17, 2003 8:00 am
Secretary of State

02-24-2003 90216 035 ****70.00

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DOCUMENT # N02000002290

1. Entity Name

KING COBRA ENTERPRISE, INC.



Principal Place of Business

**109 ROSANA DRIVE
TAMPA FL 33511**

Mailing Address

**109 ROSANA DRIVE
TAMPA FL 33511**

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

03-0386731

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

**FELTON, COREY
109 ROSANA DRIVE
TAMPA FL 33511**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	FELTON, COREY	
STREET ADDRESS	109 ROSANA DRIVE	
CITY-ST-ZIP	TAMPA FL 33511	
TITLE	V	<input type="checkbox"/> Delete
NAME	PATTY, MICHELLE	
STREET ADDRESS	109 ROSANA DRIVE	
CITY-ST-ZIP	TAMPA FL 33511	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROSIER, PHILLIS	
STREET ADDRESS	109 ROSANA DRIVE	
CITY-ST-ZIP	TAMPA FL 33511	
TITLE	T	<input type="checkbox"/> Delete
NAME	JONES, JACQUELINE	
STREET ADDRESS	109 ROSANA DRIVE	
CITY-ST-ZIP	TAMPA FL 33511	
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
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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 all other like empowered.

SIGNATURE: *Phillis Rosier*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)