

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90302 040 ****70.00

DOCUMENT # N94000003557

1. Entity Name

THE THREE KINGS DAY, INC.

Principal Place of Business

978 RIVECON RD
 ORLANDO FL 32825

Mailing Address

978 RIVECON RD
 ORLANDO FL 32825

2. Principal Place of Business

1310 N Chickasaw Tr.

3. Mailing Address

1310 N. Chickasaw Tr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORL FL

City & State

ORL FL

4. FEI Number

59-3388722

Applied For

Not Applicable

Zip

32825

Country

USA

Zip

32825

Country

U.S. A

5. Certificate of Status Desired

1

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PLASENCIA, RENE
978 RIVECON RD
ORLANDO FL 32825

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.

SIGNATURE

Susan Plascencia Martinez

3/26/01

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **PLASENCIA, RENE**
 STREET ADDRESS **3328 S. SEMORAN BLVD.**
 CITY-ST-ZIP **ORLANDO FL 32822**

TITLE **D** ☐ Delete
 NAME **LABORDE, LUCY**
 STREET ADDRESS **3328 S. SEMORAN BLVD.**
 CITY-ST-ZIP **ORLANDO FL 32822**

TITLE **D** ☐ Delete
 NAME **PLASENCIA MARTINEZ, SUSAN**
 STREET ADDRESS **8215 GOLDEN CHICKASAW CIR**
 CITY-ST-ZIP **ORLANDO FL 32825**

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

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

TITLE ☐ Change ☐ Addition
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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:

Susan P. Martinez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/26/01

CR2E037 (10/00)