

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90046 046 ***150.00

DOCUMENT # P00000020242

1. Entity Name

KINGS KEW, INC.

Principal Place of Business

**4001 TAMiami TRAIL NORTH
 SUITE 265
 NAPLES FL 34103**

Mailing Address

**4001 TAMiami TRAIL NORTH
 SUITE 265
 NAPLES FL 34103**

716705



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4901 Tamiami Trail N.
 Suite, Apt. #, etc.

3. Mailing Address

4901 Tamiami Trail N.
 Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number

59-3625949

Applied For

Not Applicable

Zip

34103

Country

Collier

Zip

34103

Country

Collier

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

**U.S. INVESTOR SERVICES, INC.
 4901 TAMiami TRAIL NORTH
 NAPLES FL 34103-3010**

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

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☐ Delete
 NAME **HAMER, PETER**
 STREET ADDRESS **4001 TAMiami TRAIL NORTH #265**
 CITY-ST-ZIP **NAPLES FL 34103**

TITLE **PDT** ☒ Change ☐ Addition
 NAME **Hamer, Peter**
 STREET ADDRESS **4901 Tamiami Trail North**
 CITY-ST-ZIP **Naples, FL 34103**

TITLE **VSD** ☐ Delete
 NAME **HAMER, SIGRID**
 STREET ADDRESS **4001 TAMiami TRAIL NORTH #265**
 CITY-ST-ZIP **NAPLES FL 34103**

TITLE **VSD** ☒ Change ☐ Addition
 NAME **Hamer, Sigrid**
 STREET ADDRESS **4901 Tamiami Trail North**
 CITY-ST-ZIP **Naples, FL 34103**

TITLE **VD** ☐ Delete
 NAME **HAMER, CHRISTIAN**
 STREET ADDRESS **4001 TAMiami TRAIL NORTH #265**
 CITY-ST-ZIP **NAPLES FL 34103**

TITLE **VD** ☒ Change ☐ Addition
 NAME **Hamer, Christian**
 STREET ADDRESS **4901 Tamiami Trail North**
 CITY-ST-ZIP **Naples, FL 34103**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☐ Change ☒ Addition
 NAME **Hamer, Marius**
 STREET ADDRESS **4901 Tamiami Trail North**
 CITY-ST-ZIP **Naples FL 34103**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-06-01

Date

**0049-234-
 9614222**

Daytime Phone #

CR2E034 (10/00)