

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90218 045 ***150.00

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DOCUMENT # P00000046101

1. Entity Name
J.A. KING ENTERPRISES, INC.



Principal Place of Business
POWER SMOOTHIE
18209 PINES BLVD
PEMBROKE PINES FL 33029

Mailing Address
POWER SMOOTHIE
18209 PINES BLVD
PEMBROKE PINES FL 33029



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 65-1008938

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FORTUNATO, JULIE
9408 SW 53RD STREET
COOPER CITY FL 33328

Name

Mary Lou King

Street Address (P.O. Box Number is Not Acceptable)

18209 Pines Boulevard

City

Pembroke Pines

FL

Zip Code

33029

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

(NOTE: Registered Agent signature required when reinstating)

4-30-03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME FORTUNATO, DAVID
STREET ADDRESS 9408 SW 53RD STRETE
CITY-ST-ZIP COOPER CITY FL 33328

TITLE PST ☐ Change ☒ Addition
NAME Mary Lou King
STREET ADDRESS 18209 Pines Boulevard
CITY-ST-ZIP Pembroke Pines, FL 33029

TITLE VP ☐ Delete
NAME FORTUNATO, JULIE
STREET ADDRESS 9408 SW 53RD STRETE
CITY-ST-ZIP COOPER CITY FL 33328

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 607, 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: Mary Lou King

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Home 954 434-7612
4-30-03 Work 954 437-3788

Date

Daytime Phone #

CR2E034 (10/02)