

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90182 036 \*\*\*158.75

0637298 AT

**DOCUMENT # P0000060437**

1. Entity Name  
**CAR KING INC.**



Principal Place of Business  
**7842 NW 44TH ST  
SUNRISE FL 33351**

Mailing Address  
**PO BOX 490002  
FORT LAUDERDALE FL 33349**



2. Principal Place of Business  
**3967 N.W. 195<sup>th</sup>**

3. Mailing Address  
**P.O. box 490002**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Lauderdale Lakes, FL**

City & State  
**Ft. Laud. FL**

Zip  
**33311**

Country

Zip  
**33349**

Country

4. FEI Number **65-1036962**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HARRISON, LENNOX  
4405 N.W. 65TH TERRACE  
LAUDERHILL FL 33319**

7. Name and Address of New Registered Agent

Name  
**Lennox Harrison**

Street Address (P.O. Box Number is Not Acceptable)  
**3967 N.W. 195<sup>th</sup>**

City  
**Lauderdale Lakes**

FL

Zip Code  
**33311**

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 *Lennox Harrison* (NOTE: Registered Agent signature required when reinstating)

DATE **2-2-03**

**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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HARRISON, LENNOX</b>	
STREET ADDRESS	<b>PO BOX 490002</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33349</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PENSO, DAVID C</b>	
STREET ADDRESS	<b>4326 NW 76TH AVE</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33065</b>	
NAME	<b>Please Delete DAVID C PENSO</b>	<input type="checkbox"/> Delete
NAME		<input type="checkbox"/> Delete
NAME		<input type="checkbox"/> Delete
NAME		<input type="checkbox"/> Delete
NAME		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: *Lennox Harrison* SIGNATURE REQUIRED *Lennox Harrison*

DATE: **2-2-03** DAYTIME PHONE #: **954-448-9664**

CR2E034 (10/02)