

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000072893

1. Entity Name
1730 KINGSLEY INC.

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90005 011 ***158.75

Principal Place of Business
1730 KINGSLEY AVE. STE C
ORANGE PARK FL 32073

Mailing Address
1730 KINGSLEY AVE. STE C
ORANGE PARK FL 32073

00003890



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3661000

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PETERSEN, CALVIN D
1730 KINGSLEY AVE, STE C
ORANGE PARK FL 32073

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

TITLE	D	<input type="checkbox"/> Delete
NAME	PETERSEN, DAVID SCOTT	
STREET ADDRESS	1730 KINGSLEY AVE, STE C	
CITY-ST-ZIP	ORANGE PARK FL 32073	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1777 Long Slough Walk	
CITY-ST-ZIP	Orange Park, Fl. 32003	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John J. Mahoney, III	
STREET ADDRESS	111 Fairway Oaks Drive	
CITY-ST-ZIP	Orange Park, Fl. 32003	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephen P. Joca	
STREET ADDRESS	3285 Wilderness Circle	
CITY-ST-ZIP	Middleburg, Fl. 32068	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Calvin D. Petersen	
STREET ADDRESS	505 Salt Tide Way	
CITY-ST-ZIP	St. Augustine, Fl. 32080	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone *

CR2E034 (10/00)