

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000078918

1. Entity Name

HORT. KINGS, INC. ✓

Principal Place of Business

3949 EVANS AVE #205  
FT. MYERS, FL 33901

Mailing Address

3949 EVANS AVE #205  
FT. MYERS, FL 33901

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

65-1038925

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

LETOURNEAU, MICHAEL J  
3949 EVANS AVE. #205  
FORT MYERS, FL 33901

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

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 NAME STREET ADDRESS CITY-ST-ZIP ☐ DeleteD  
LETOURNEAU, MICHAEL J  
3949 EVANS AVE. #205  
FT. MYERS, FL 33901TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DeleteP  
MCARLEY, PATRICK M  
3949 EVANS AVE. #205  
FT. MYERS, FL 33901TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DeleteT  
GILL, FRED  
3949 EVANS AVE #205  
FT MYERS, FL 33901TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DeleteS  
WALKER, WILLIAM C.  
3949 EVANS AVE #205  
FT. MYERS, FL 33901TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ DeleteP  
LETOURNEAU TODD E.  
3949 EVANS AVE #205  
FT. MYERS, FL 33901TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE 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

MICHAEL J. LETOURNEAU

3-23-2001 (941) 671-8164

Date

Daytime Phone #

FILED

Apr 03, 2001 8:00 am  
Secretary of State

04-03-2001 90225 035 \*\*\*150.00

C0041478

DO NOT WRITE IN THIS SPACE

CR2E034 (1/00)