

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000083397

1. Entity Name

THREE KINGS FINE WOODWORKING, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90246 016 ***150.00

Principal Place of Business

5520 WILDFLOWER RD.
ORLANDO FL 32821

Mailing Address

5520 WILDFLOWER RD.
ORLANDO FL 32821

645304



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

59-3675628

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

DAVEY, CATHERINE E ESQ.
159 LOOKOUT PLACE, #101
MAITLAND FL 32751

Name

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

City

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 (aplicable)

(NOTE: Registered Agent signature required when resigning)

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

TITLE ☐ Delete
NAME D
STREET ADDRESS KING, GORDON J
CITY-STATE-ZIP 5520 WILDFLOWER RD.
~~MAITLAND FL 32751~~ ORLANDO, FL 32821

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS KING, GORDON J.
CITY-STATE-ZIP 5520 WILDFLOWER RD.
ORLANDO, FL 32821
ADDRESS CORRECTION

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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STREET ADDRESS
CITY-STATE-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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

04-16-01

407352835

CR2E034 (10/00)