

2001 UNIFORM BUSINESS REPORT (UBR)

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

02-16-2001 90017 017 ***150.00

DOCUMENT # P00000100938

1. Entity Name
CHRISTOPHER B. KING, INC.

Principal Place of Business
1824 HARBOR ISLAND DRIVE
ORANGE PARK FL 32003

Mailing Address
1824 HARBOR ISLAND DRIVE
ORANGE PARK FL 32003



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1824 Harbor Island Dr

3. Mailing Address
1824 Harbor Island Dr

City & State
Orange Park FL 32003

City & State
Orange Park FL

FBI Number
39-3678728

Applied For
 Not Applicable

Zip
32003

Country
Clay

Zip
32003

Country
U.S.A.

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

8. Name and Address of Current Registered Agent
**KING, CHRISTOPHER B
1824 HARBOR ISLAND DRIVE
ORANGE PARK FL 32003**

7. Name and Address of New Registered Agent
Name
Christopher B. King
Street Address (P.O. Box Number is Not Acceptable)
1824 Harbor Island Dr
City
Orange Park FL Zip Code
32003

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 **X Christopher B. King**

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-registering)

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 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Christopher B. King 1824 Harbor Island Dr. Orange Park, FL 32003 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 507, 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: **Christopher B. King** **02-03-01** **386-7561**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20034 (10/00)