## 2002 Uniform Business Report (UBR)

## Apr 02, 2002 8:00 am Secretary of State P00000100938 DOCUMENT # 1. Entity Name 04-02-2002 90046 043 \*\*\*150 00 CHRISTOPHER B. KING, INC. Principal Place of Business Mailing Address 1824 HABOR ISLAND DRIVE 1824 HABOR ISLAND DRIVE ORANGE PARK FL 32003 ORANGE PARK FL 32003 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For lango 1 oure 59-3678728 Not Applicable Country Country \$8.75 Additional 32003 5. Certificate of Status Desired 32003 USA U.S 19 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KING, CHRISTOPHER 8 Street Address (P.O. Box Number is Not Acceptable) 1824 HABOR ISLAND DRIVE **ORANGE PARK FL 32003** 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Addition (9/01 NAME KING, CHRISTOPHER B NAME STREET ADDRESS 1824 HARBOR ISLAND DR STREET ADDRESS CITY-ST-ZIP **ORANGE PARK FL 32003** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY ST ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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: