

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90214 045 ***150.00

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DOCUMENT # P01000004436

1. Entity Name
KING DESIGN AND BUILD, INC.



Principal Place of Business
**6640 NATHAN CT
WESLEY CHAPEL FL 33544**

Mailing Address
**6640 NATHAN CT
WESLEY CHAPEL FL 33544**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
6640 NATHAN CT
Suite, Apt. #, etc.

3. Mailing Address
6640 NATHAN CT
Suite, Apt. #, etc.

City & State
Wesley Chapel, FL
Zip
33544
Country
U.S.A

City & State
Wesley Chapel, FL
Zip
33544
Country
U.S.A

4. FEI Number
65-1068198

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WEBSTER, JONATHAN
6640 NATHAN CT
WESLEY CHAPEL FL 33544**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jonathan Webster* **Jonathan Webster**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

1/9/2003
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WEBSTER, JONATHAN 6640 NATHAN CT WESLEY CHAPEL FL 33544	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PETO, ANDY 6640 NATHAN CT WESLEY CHAPEL FL 33544	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PETO, SUE 6640 NATHAN CT WESLEY CHAPEL FL 33544	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jonathan Webster* **Jonathan Webster**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/2003
Date
813.917.9023
Daytime Phone #

CR2E034 (10/02)