

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2002 8:00 am
Secretary of State

05-21-2002 91191 033 ***158.75

DOCUMENT # P01000010923
 1. Entity Name
THREE-KINGS-RESTAURANT, INC.

Principal Place of Business Mailing Address
3028 E. 7th AVE. 3028 E. 7th AVE.
Tampa, FL 33605 Tampa, FL 33605

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE
59-3697741

4. FEI Number
59-3697741

Applied For	
Not Applicable	

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

6. Name and Address of Current Registered Agent
HARRIS, NATHANIEL
3028 E. 7th AVE.
Tampa, FL 33605

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 _____ (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, 2002 Fee will be \$650.00
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 DP	<input type="checkbox"/> Delete
NAME Harris, Nathaniel	
STREET ADDRESS 3028 E. 7th Ave.	
CITY-ST-ZIP Tampa, FL 33605	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Harris, David	
STREET ADDRESS 3701 E. Genessee	
CITY-ST-ZIP Tampa, FL 33610	
TITLE Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Lillie M. Mingo	
STREET ADDRESS 2912 28th Ave.	
CITY-ST-ZIP Tampa, FL 33605	
TITLE Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Givens, Ernestine	
STREET ADDRESS 2406 14th Ave.	
CITY-ST-ZIP Tampa, FL 33605	
TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Walker, Emery	
STREET ADDRESS 2911 28th Ave.	
CITY-ST-ZIP Tampa, FL 33605	
TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Harris, Michael	
STREET ADDRESS 8608 N. Huntley Ave.	
CITY-ST-ZIP Tampa, FL 33604	
TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Harris, Lula	
STREET ADDRESS 405 E. Amelia	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(4)(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: Ernestine Givens Ernestine Givens Treasurer

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