

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

FILED

03 DEC 26 PM 12:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Entity Name

Kings Arms II, INC

PO1000014204



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1151 SOMERSET ST

Suite, Apt. #, etc.

3. Mailing Address

2150 TAMiami TRAIL

Suite, Apt. #, etc.

Suite 12 #183

**REINSTATEMENT** 03

DO NOT WRITE IN THIS SPACE

City & State

Port Charlotte FL

City & State

Port Charlotte FL

4. FEI Number

65-1099147

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

SHARON L King

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

1151 SOMERSET STREET

City

Port Charlotte FL

Zip Code

33952

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Ralph T King II President  
1151 SOMERSET ST  
Port Charlotte FL 33952

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SHARON L King VP  
1151 SOMERSET STREET  
Port Charlotte FL 33952

TITLE  
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IN THIS SPACE**

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 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 #

CR2E034B (12/02)



EC-0003032 MC-1249315  
2150 Tamiami Trail Suite 12 # 183 Port Charlotte, FL 33948

December 21, 2003

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Members of the Board:

Today I have completed your application for Profit Corporation Uniform Business Report, and I will begin training my staff to file this in a timely manner.

Please accept my apology for the delay. After I determined my error in the online filing last year with the wrong address by dyslectic changing the first two numbers of my corporation's mailing address from 2150 to 1250 causing us not to receive the report.

Sorry for the report being so late I just had a new accountant come in and he showed where the filing for dissolution in September and that my corporation did not exist. I am asking if the board would approve a waiver of the late filing fee of \$550 and except the \$150 fees for 2003 filing. I have enclosed a check for the \$550 and if approved just apply credit towards future filings.

I did read where we are going to email notifications but I was unable to sign up I don't know document number or pass code to sign up. Our Email is [KingArms@comcast.net](mailto:KingArms@comcast.net)  
Thank you for your considerations and may you all have happy holidays.

Sincerely,

  
Ralph T King II