

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2003 8:00 am
Secretary of State

02-10-2003 90211 014 ***150.00
07-21-2003 90127 030 ***150.00

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DOCUMENT # P01000018877

1. Entity Name
KINGS APARTMENTS, INC.



Principal Place of Business
5775 PARK STREET NORTH, #509
ST. PETERSBURG FL 33709

Mailing Address
5775 PARK STREET NORTH, #509
ST. PETERSBURG FL 33709

2. Principal Place of Business
4201 - 49th St N

3. Mailing Address
4201 - 49th St N

Suite, Apt. #, etc.
Kings Inn Apts

Suite, Apt. #, etc.
Kings Inn Apts

City & State
St Petersburg, FL

City & State
St Petersburg, FL

Zip
33709

Country

Zip
33709

Country

4. FEI Number **59-3167187**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

DELACQUESEAU, ROBERT E
5775 PARK STREET NORTH, #509
ST. PETERSBURG FL 33709

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
DELACQUESEAU, ROBERT E
5775 PARK STREET NORTH, #509
ST. PETERSBURG FL 33709

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Change ☐ 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:

Robert E. Delacquesseau
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)