

2002 UNIFORM BUSINESS REPORT (UBR)

1/7

FILED
Feb 25, 2002 8:00 am
Secretary of State

01-23-2002 90044 037 ***150.00

DOCUMENT # P01000067883

1. Entity Name
JAMES KING RENTALS, INC.

Principal Place of Business
**5820 12TH AVE. SW
NAPLES FL 34116**

Mailing Address
**5820 12TH AVE. SW
NAPLES FL 34116**

2. Principal Place of Business
3455 WESTVIEW DR

3. Mailing Address
SAME AS ABOVE

Suite, Apt. #, etc.

City & State
NAPLES FL

City & State
NAPLES FL

Zip
34104

Country
COLLIER

4. FEI Number
65-0222798

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**KING, JAMES
5820 12TH AVE. SW
NAPLES FL 34116**

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)

Signature, typed or printed name of registered agent and title if applicable. 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 \$550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, JAMES 5820 12TH AVE. SW NAPLES FL 34116 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, GLENNA 5820 12TH AVE. SW NAPLES FL 34116 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: SIGNATURE REQUIRED

1-08-02 991-261-655

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)