

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2003 8:00 am
Secretary of State

08-07-2003 90117 026 ***550.00

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FD

DOCUMENT # P01000086797

1. Entity Name

KINGDOM MARKETING, INC.



Principal Place of Business

**1700 WEST WAGES AVE
TAMPA FL 33604**

Mailing Address

**1700 WEST WAGES AVE
TAMPA FL 33604**

2. Principal Place of Business

202 N. Roub. Av
Suite, Apt. #, etc.

3. Mailing Address

202 N. Roub. Av
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

TAMPA FL

City & State

TAMPA, FL

4. FEI Number

65-1135056

Applied For

Not Applicable

Country

USA

Country

USA

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

6. Name and Address of Current Registered Agent

**LEGER, MITCHEL III
15019 SOUTHFORK DRIVE
TAMPA FL 33624**

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 ☐ Delete
NAME **D. LEGER, MITCHEL III**
STREET ADDRESS **15019 SOUTHFORK DRIVE**
CITY-ST-ZIP **TAMPA FL 33624**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/10/03

Date

813-905-1631

Daytime Phone #

CR2E034 (4/03)