

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**  
05-15-2002 90044 013 \*\*\*158.75

0013550 AT

**DOCUMENT # P01000117125**

**1. Entity Name**  
**KING'S ASSOCIATES INC.**

**Principal Place of Business**

**9041 QUAIL CREEK DR  
TAMPA FL 33647**

**Mailing Address**

**9041 QUAIL CREEK DR  
TAMPA FL 33647**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**1664 BRANCH FORBES RD**

**3. Mailing Address**

Suite, Apt. #, etc.

**City & State**

**PLANT CITY FL.**

**City & State**

**Zip**

**33565**

**Country**

**U.S.A.**

**Zip**

**Country**

**4. FEI Number**

**02-0585374**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☒

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**ISMAIL, WASIM T  
9041 QUAIL CREEK DR  
TAMPA FL 33647**

**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**

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

(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 \$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**

**TITLE P** ☐ Delete  
**NAME ISMAIL, WASIM T**  
**STREET ADDRESS 9041 QUAIL CREEK DR**  
**CITY-ST-ZIP TAMPA FL 33647**

**TITLE S** ☒ Delete  
**NAME RIAZ, AYESHA**  
**STREET ADDRESS 9041 QUAIL CREEK DR**  
**CITY-ST-ZIP TAMPA FL 33647**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

**TITLE** ☐ Change ☐ Addition  
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**CITY-ST-ZIP**

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

**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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/25/02 813-759-6810**

Date

Daytime Phone #

CR2E034 (9/01)