

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90192 033 \*\*\*150.00

**DOCUMENT # P02000002302**

**1. Entity Name**  
**KINGS ELECTRICAL CONTRACTORS, INC.**



**Principal Place of Business**  
**12727 NW 21 PLACE**  
**CORAL SPRINGS FL 33071**

**Mailing Address**  
**12727 NW 21 PLACE**  
**CORAL SPRINGS FL 33071**

**2. Principal Place of Business**

**12075-NW 40 ST.**

**3. Mailing Address**

**12727 NW 21 PLACE**

Suite, Apt. #, etc.

**BAY 4**

Suite, Apt. #, etc.

City & State

**CORAL SPRINGS, FL**

City & State

**CORAL SPRINGS, FL**

Zip

**33065**

Country

**BROWARD**

Zip

**33071**

Country

**BROWARD**

**4. FEI Number**

**30-0026324**

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**

**GALLINA, PHILIP**  
**12727 NW 21 PLACE**  
**CORAL SPRINGS FL 33071**

**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 \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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** **PRESIDENT** ☐ Delete

**NAME** **PHILIP GALLINA**  
**STREET ADDRESS** **12727 NW 21 PL.**  
**CITY-ST-ZIP** **CORAL SPRINGS, FL 33071**

**TITLE** **V. PRESIDENT** ☐ Delete

**NAME** **PHILIP GALLINA**  
**STREET ADDRESS** **12727 NW 21 PL.**  
**CITY-ST-ZIP** **CORAL SPRINGS, FL 33071**

**TITLE** **SEC. TRES.** ☐ Delete

**NAME** **ANTOINETTE GALLINA**  
**STREET ADDRESS** **12727 NW 21 PL.**  
**CITY-ST-ZIP** **CORAL SPRINGS, FL 33071**

**TITLE** ☐ Delete

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

☐ Change ☐ Addition

**TITLE**

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE**

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE**

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**NAME**  
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**CITY-ST-ZIP**

☐ Change ☐ Addition

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**NAME**  
**STREET ADDRESS**  
**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:**

*Philip Gallina*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-9-03 - 954-796-0548**

Date

Daytime Phone #

CR2E034 (10/02)