FILED
Apr 22, 2003 8:00 am
Secretary of State
04-22-2003 90047 021 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000028309

1. Entity Name
KINGS CONSULTING GROUP, INC.

Principal Place of Business	Mailing Address
12311 KENSINGTON LAKES DRIVE JACKSONVILLE, FL 32246	12311 KENSINGTON LAKES DRIVE JACKSONVILLE, FL 32246

2. Principal Place of Business	3. Mailing Address
12311 KENSINGTON LAKES DRIVE	SAME
Suite, Apt. #, etc.: 2301	Suite, Apt. #, etc.:
City & State: JACKSONVILLE, FL.	City & State:
Zip: 32246 / Country: DUVAL	Zip: / Country:

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: EIN - 30-0055929 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KING, CLARENCE R 12311 KENSINGTON LAKES DRIVE – UNIT 2301 JACKSONVILLE, FL 32246	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 Clarence R. King CLARENCE R. KING 4-15-03
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ☐ Delete CLARENCE R. KING 12311 KENSINGTON LAKES DR.- UNIT 2301 JACKSONVILLE, FL 32246	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-PRESIDENT ☐ Delete CAROLYN K. KING 12311 KENSINGTON LAKES DR.- UNIT 2301 JACKSONVILLE, FL 32246	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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: Clarence R. King CLARENCE R. KING 4-15-03 904-220-2256
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #