

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

02-20-2003 90113 006 ***150.00

DOCUMENT # P02000066652

1. Entity Name
KING'S CEMETERY LETTERING & MONUMENTS INC.



Principal Place of Business
~~602 MAIN STREET #1~~ **603 MAIN ST.**
AUBURDALE FL 33823

Mailing Address
~~602 MAIN STREET #1~~ **603 MAIN ST.**
AUBURDALE FL 33823

2. Principal Place of Business
603 MAIN ST.
Suite, Apt. #, etc.

3. Mailing Address
603 MAIN ST.
Suite, Apt. #, etc.

City & State **AUBURDALE, FL**

City & State **AUBURDALE, FL**

Zip **33823** **Country** **POLK**

Zip **33823** **Country** **POLK**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **30-0089037**

Applied For
☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent
KING, TIMOTHY
602 MAIN STREET #1 **603 MAIN ST.**
AUBURDALE FL 33823

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
603 MAIN STREET

City **AUBURDALE** **FL** **Zip Code** **33823**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-03

863-967-4890

Date

Daytime Phone #