

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 14, 2003 8:00 am**  
**Secretary of State**

07-14-2003 90343 020 \*\*\*150.00

011696 AV

**DOCUMENT # P02000070430**

**1. Entity Name**  
**KING JONES REALTORS, INC.**



**Principal Place of Business**  
**909 SOUTH DORAL LANE**  
**VENICE FL 34293**

**Mailing Address**  
**909 SOUTH DORAL LANE**  
**VENICE FL 34293**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number**

**02-0628515**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

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

**SPIEGEL & UTRERA, P.A.**  
**1840 SW 22ND ST.**  
**4TH FLOOR**  
**MIAMI FL 33145**

**7. Name and Address of New Registered Agent**

**Name** **Delbert E King**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**909 South Doral Lane**  
**City** **Venice** **FL** **Zip Code** **34293**

**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**

<b>TITLE</b>	<b>PD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>KING, DELBERT E</b>	
<b>STREET ADDRESS</b>	<b>909 SOUTH DORAL LANE</b>	
<b>CITY-ST-ZIP</b>	<b>VENICE FL 34293</b>	
<b>TITLE</b>	<b>VD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>JONES, SCOTT A</b>	
<b>STREET ADDRESS</b>	<b>909 SOUTH DORAL LANE</b>	
<b>CITY-ST-ZIP</b>	<b>VENICE FL 34293</b>	
<b>TITLE</b>	<b>SD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>JONES, ROSA T</b>	
<b>STREET ADDRESS</b>	<b>909 SOUTH DORAL LANE</b>	
<b>CITY-ST-ZIP</b>	<b>VENICE FL 34293</b>	
<b>TITLE</b>	<b>TD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>KING, RUTH E</b>	
<b>STREET ADDRESS</b>	<b>909 SOUTH DORAL LANE</b>	
<b>CITY-ST-ZIP</b>	<b>VENICE FL 34293</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

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

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

90142481  
PO2000070430

July 8, 2003

State of Florida  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

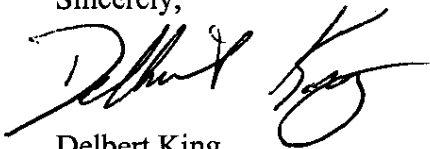
Re: 2003 Uniform Business Report

To Whom It May Concern:

This letter is to request removal of the late filing fee for our 2003 Uniform Business Report. This is the first year for our corporation and we were unaware of the requirement to file this report. If an earlier report was mailed to us, we have no recollection of receiving it. We did not intentionally or negligently file this report late. Thus, we request waiver of the \$400 late fee. We are paying the \$150 fee in hopes our request will be granted.

Thank you for your consideration of our request.

Sincerely,



Delbert King  
President