

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90098 048 ***150.00

DOCUMENT # P23062

1. Entity Name

KINGSDOWN, INCORPORATED

Principal Place of Business

Mailing Address

**3440 CRAFTSMAN BLVD
 LAKELAND FL 33803**

**126 W. HOLT STREET
 MEBANE NC 27302-2622**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

56-0319850

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**NELOMS, MICHAEL
 3440 CRAFTSMAN BLVD
 LAKELAND FL 33803**

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	HINSHAW, WALTER ERIC	
STREET ADDRESS	126 W. HOLT ST.	
CITY-ST-ZIP	MEBANE NC	
TITLE	VT	<input type="checkbox"/> Delete
NAME	MCLAMB, GEORGE T.	
STREET ADDRESS	126 W. HOLT ST.	
CITY-ST-ZIP	MEBANE NC	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MCLAMB, GEORGE T.	
STREET ADDRESS	126 W. HOLT ST.	
CITY-ST-ZIP	MEBANE NC	
TITLE	S	<input type="checkbox"/> Delete
NAME	CARTER, SARA W.	
STREET ADDRESS	126 W. HOLT ST.	
CITY-ST-ZIP	MEBANE NC	
TITLE	V	<input type="checkbox"/> Delete
NAME	FULP, WILLIAM W.	
STREET ADDRESS	126 W. HOLT ST.	
CITY-ST-ZIP	MEBANE NC	
TITLE	V	<input type="checkbox"/> Delete
NAME	MCLEAN, THOMAS I.	
STREET ADDRESS	126 W. HOLT ST.	
CITY-ST-ZIP	MEBANE NC	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *CHARLES G. BINGEN HEINER, III*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-00 (919) 563-3531 x105
 Date Daytime Phone #

CR2E034 (9/98)