2002 UNIFORM BUSINESS REPORT (UBR)

Feb 13, 2002 8:00 am DOCUMENT # P23062 **Secretary of State** 1. Entity Name 02-13-2002 90223 025 ***150 00 KINGSDOWN, INCORPORATED Principal Place of Business Mailing Address 3440 CRAFTSMAN BLVD 126 W. HOLT STREET HUUWUINU LAKELAND FL 33803 MEBANE NC 27302 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 56-0319850 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **NELOMS. MICHAEL** Street Address (P.O. Box Number is Not Acceptable) 3440 CRAFTSMAN BLVD LAKELAND FL 33803 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Addition CR2E034 (9/01 HINSHAW, WALTER ERIC NAME NAME 126 W. HOLT ST. STREET ADDRESS STREET ADDRESS MEBANE NC 27302 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change MCLAMB, GEORGE T. NAME NAME 126 W.-HOLT ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MEBANE NC TITLE Delete TITLE ☐ Change ■ Addition FLIPPIN, J PATRICK NAME NAME STREET ADDRESS 126 W. HOLT ST. STREET ADDRESS CITY-ST-ZIP MEBANE NC 27302 CITY-ST-ZiP ☐ Delete □ Change ☐ Addition TITLE TITLE BINGENHEIMER, CHARLES G JR NAME NAME STREET ADDRESS 126 W. HOLT ST. STREET ADDRESS CITY-ST-7IP MEBANE NC 27302 CITY-ST-ZIP ☐ Change ☐ Delete Addition TITLE TITLE FULP, WILLIAM W. NAME NAME STREET ADDRESS 126 W HOLT ST STREET ADDRESS MEBANE NC 27302 CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE ☐ Delete MCLEAN, THOMAS I. NAME NAME 126 W. HOLT ST. STREET ADDRESS STREET ADDRESS MEBANE NC CITY-ST-ZIP 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)(1), 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