

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Aug 08, 2003 8:00 am
Secretary of State

0146096 AB

08-08-2003 90096 020 ***550.00

DOCUMENT # P23062

1. Entity Name
KINGSDOWN, INCORPORATED



Principal Place of Business
**3440 CRAFTSMAN BLVD
LAKELAND FL 33803**

Mailing Address
**126 W. HOLT STREET
MEBANE NC 27302**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **56-0319850** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 Michael Neloms DATE 7-16-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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

TITLE	C	<input type="checkbox"/> Delete
NAME	HINSHAW, WALTER ERIC	
STREET ADDRESS	126 W. HOLT ST.	
CITY-ST-ZIP	MEBANE NC 27302	
TITLE	VT	<input type="checkbox"/> Delete
NAME	MCLAMB, GEORGE T.	
STREET ADDRESS	126 W. HOLT ST.	
CITY-ST-ZIP	MEBANE NC	
TITLE	P	<input type="checkbox"/> Delete
NAME	FLIPPIN, J PATRICK	
STREET ADDRESS	126 W. HOLT ST.	
CITY-ST-ZIP	MEBANE NC 27302	
TITLE	V	<input type="checkbox"/> Delete
NAME	BINGENHEIMER, CHARLES G JR	
STREET ADDRESS	126 W. HOLT ST.	
CITY-ST-ZIP	MEBANE NC 27302	
TITLE	VS	<input type="checkbox"/> Delete
NAME	FULP, WILLIAM W.	
STREET ADDRESS	126 W HOLT ST	
CITY-ST-ZIP	MEBANE NC 27302	
TITLE	V	<input type="checkbox"/> Delete
NAME	MCLEAN, THOMAS I.	
STREET ADDRESS	126 W. HOLT ST.	
CITY-ST-ZIP	MEBANE NC	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles G. Bingenheimer, Jr. DATE 08-01-03 (919) 563-3531

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CP2E034 (4/03)