2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P92000001191 **DOCUMENT #**

1. Entity Name

JOHN R. KING JR. & ASSOCIATES, INC.



FILED Jan 09, 2003 8:00 am Secretary of State

01-09-2003 90080 001 ***150.00

Principal Place of Business 711 TROPICAL WAY LAKELAND FL 33805		Mailing Address 711 TROPICAL WAY LAKELAND FL 33805						
2. Principal Place of Business		3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 59-3156734		 	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of S	itatus Desired	\$8.75 Ad	ditional	
	6. Name and Address of Curr	rent Registered Agent		7. Name and Add	dress of New Registered			
_	. م ديد		Name					
KING, JOHN R JR.			Church Ardelon	Street Address (P.O. Box Number is Not Acceptable)				
711 TROF	PICAL WAY		Street Addres	P.O. Box Number is	Not Acceptable)			
	D FL 33805							
3			City		F	Zip Cod	le	
	named entity submits this stateme tions of registered agent.	nt for the purpose of changing	its registered office or regis	ed agent, or both, in	the State of Florida. I an	ı n familiar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (N	OTE: Registered Agent signature requ	when reinstating)	DATE			
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550. k Payable to Florida Departmer		***************************************		n Campaign Financing und Contribution.		00 May Be d to Fees	
10.	OFFICERS A	ND DIRECTORS	11.	ADDITIONS/CHA	ANGES TO OFFICERS AN	ID DIRECTOR	S IN 11	
TITLE	D	☐ Delete	TITLE			☐ Change	Addition	
NAME	KING, JOHN R JR.		NAME					
STREET ADDRESS	711 TROPICAL WAY		STREET ADDRESS					
CITY-ST-ZIP	LAKELAND FL 33805		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			Change	☐ Addition	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
•••••								
TITLE .		☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME		rin neiere	NAME			unange	☐ Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		□ Delete	TITLE	-		☐ Change	Addition	
NAME		_ built	NAME					
STREET ADDRESS			STREET ADDRESS					

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPES ON PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1-7-03

8636867691