

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


6/27

FILED
Sep 11, 2003 8:00 am
Secretary of State

06-27-2003 90051 023 ***150.00

DOCUMENT # P93000028464

1. Entity Name
B. L. KING, INC.



Principal Place of Business
**2307 N TAMiami TRAIL
NOKOMIS FL 34275**

Mailing Address
**2307 N TAMiami TRAIL
NOKOMIS FL 34275**

2. Principal Place of Business
9104 Q MANASSAS DR.

Suite, Apt. #, etc.

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

City & State
MANASSAS PARK, VA

City & State

4. FEI Number
65-0400582

Applied For
 Not Applicable

Zip
20111

Country
USA

Zip
Country

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

6. Name and Address of Current Registered Agent
**KING, BRUCE
2307 N TAMiami TRAIL
NOKOMIS FL 34275**

7. Name and Address of New Registered Agent
Name
BAKER, MICHAEL

Street Address (P.O. Box Number is Not Acceptable)
5702 CLARK RD.

City
SARASOTA

FL Zip Code
34233

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 L. BAKER** **06/18/03**

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
After May 1, 2003 Fee will be \$550.00.
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPS KING, BRUCE L 7010 32 ND AVE E BRADENTON FL 34208 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9104 Q MANASSAS DR. MANASSAS PARK, VA 20111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **BRUCE KING** **06/23/03** **703-368-3008**

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

CR2E034 (10/02)