2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P93000051710 1. Entity Name KINGS ROW, INC.						FILED May 14, 2001 8:00 am Secretary of State 05-14-2001 90270 050 ***150.00			
Principal Place 705 WEST COLO ORLANDO FL 32	DNIAL DRIVE	Mailing Address 705 WEST COLONIAL DRIVE ORLANDO FL 32804				C00652	01		
2. Principal Pla	ace of Business	3. Mailing Address							
Suite, Apt. #	¥, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN			
City & State		City & State			4.	FEI Number 59-3203599		Applied For Not Applicable	
Zip	Country	Zip	Coun	itry	5.	Certificate of Status Desired	\$8.75 Fee Rec	Additional	
n ip zer	6. Name and Address of Current Re	egistered Agent		Name	7.	Name and Address of New Registe	red Agent		
CELANZA, RICHARD JR. 705 WEST COLONIAL DRIVE ORLANDO FL 32804				Street Address		P.O. Box Number is Not Acceptable)			
UNLA	NDO FE 32004			City				Code	
8. The above r	named entity submits this statement for the	ne purpose of changing its r	egistere	l ed office or regis	stered ag				
SIGNATUREs	Signature, typed or printed name of registered agent and	title if applicable. (NOTE:	Registere	d Agent signature requ	ired when re	éinstating) D	ATE		
Tax filing requirement and elects to do so After MAY 1, 2001			1 Fee	FEE IS \$150.00 Fee will be \$550.00 to Department of Stat		10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
11.	OFFICERS AND DI		12.		AD	DITIONS/CHANGES TO OFFICERS			
IAME	DP Celenza, Richard T 705 West Colonial Drive Orlando FL 32804	Delete					Char	nge Addition	
TITLE VAME STREET ADDRESS CITY - ST - ZIP		🗌 Delete					🗌 Char	nge 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	• · ·	Delete	TITLE NAME STREE				🗋 Chan	ge 🗌 Addition	
ITLE IAME ITREET ADDRESS ITY-ST-ZIP		Delete					🗋 Chan	ge 🗌 Addition	
ITLE IAME STREET ADDRESS STY-ST-ZIP		Delete					🗌 Chan	ge 🗌 Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP		Delete	TITLE NAME STREE				🗌 Chan	ge 🗌 Addition	
changed, or	rtify that the information supplied with thi n this report or supplemental report is tru- pration or the requirer or trustee encouver r on an attachment with an ardress with	s filing does not qualify for the and accurate and that my and that my and that my and that my at to explore the compared of the second	ne exer signatu s requir	ed by Chapter 6	07, Florid	da Statutes; and that my name appe	ars in Block 1	1 or Block 12 if	
SIGNATU	SIGN TURE AND TYPED OR PRIN	TED NAME OF SIGNING OFFICER OF	DIRECTO		~~ \	Celenza 4-2-01 Date	Davtime Phone	047-20	