

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000081990

1. Entity Name

KING COMMUNICATIONS & MARKETING, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90063 032 ***150.00

Principal Place of Business

5107 MARINA CIRCLE
BOCA RATON FL 33486
US

Mailing Address

265 S. FEDERAL HWY.
SUITE 141
DEERFIELD BEACH FL 33441-4161
US

2. Principal Place of Business

3. Mailing Address

265 S. FEDERAL HWY.

Suite, Apt. #, etc.
151

Suite, Apt. #, etc.

City & State

City & State
DEERFIELD BEACH, FL

Zip

Country

Zip
33441

Country

USA

4. FEI Number 65-0451833

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KING, LISA DIANE P
5107 MARINA CIRCLE
BOCA RATON FL 33486

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KING, LISA DIANE P
5107 MARINA CIRCLE
BOCA RATON FL

☐ Delete

TITLE
NAME
STREET ADDRESS
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561 -
April 4, 2000 393-9855

CR2E034 (9/99)