2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Apr 27, 2001 8:00 am Secretary of State DOCUMENT # **P93000088293** ST JAMES & KING FINANCIAL GROUP, INC. -27-2001 90362 038 ***163.75 Principal Place of Business Mailing Address 1345 BEAR ISLAND DRIVE 1345 BEAR ISLAND DRIVE WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409 HS B0039864 2. Principal Place of Business 3. Mailing Address SAME JAME Suite, Apt. #, etc. Suite, Apt. #. etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0455617 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FREESE, JAMES K Street Address (P.O. Box Number is Not Acceptable) 1345 BEAR ISLAND DR 8TH FLOOR WEST TOWER WEST PALM BEACH FL 33409 City 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, typed (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Change Addition FREESE, JAMES K MAME 1345 BEAR ISLAND DRIVE STREET ADDRESS STREET ADDRESS CITY - S1 - ZIF WEST PALM BEACH FL 33409 CITY-ST-71P TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP

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 all other like empowered.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-79P

SIGNATURE.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CHY-ST-ZIP

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

☐ Delete

☐ Delete

JAMES K. FREESE

4-ZI-01 (56) 686-4556

Date Day me Prope #

☐ Change

☐ Change

Addition

Addition

CR2E034 (10/00