2002 Uniform Business Report (UBR)

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OF

Mar 29, 2002 8:00 am 🛚 P93000088293 DOCUMENT # **Secretary of State** 1. Entity Name 03-29-2002 90191 003 ***158 ST JAMES & KING FINANCIAL GROUP, INC. Principal Place of Business //20 -1345-BEAR ISLAND DRIVE Mailing Address 1945 BEAR ISLAND DRIVE WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409 2. Principal Place of Business 3. Mailing Address IZO BEAR ISLAND DR IZO BEAR ISLANO DR DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0455617 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required U 5A 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JAMES K. REESE, FREESE, JAMES K Street Address (P.O. Box Number is Not Acceptable) 4345 BEAR ISLAND DR BEAR ISLAND DR 8TH FLOOR WEST TOWER Zip Code **WEST PALM BEACH FL 33409** 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 and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE TITLE FREESE, JAMES K NAME NAME NZO BEAR ISLAND DR. W. PALM BEACH, F.L. 33409 STREET ADDRESS 1945-BEAR ISLAND DRIVE STREET ADDRESS WEST PALM BEACH FL 33409 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

FILED