FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

UN	IEOUW BOSINESS KELOU! (A		r FILED
DOCUM	·		02 OCT 17 AM II: 11
	TAMES KING CONSTRUCTION	J. Iroc,	SECRETARY OF STATE TALLAHASSEE, FLORIDA
	O NOT WRITE IN THIS SPA	CE	,
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2. Principal Plac	DIE PONTE VEDRA BLUD		DO NOT WRITE IN THIS SPACE
Suite, Apt. #,			4. FEI Number Applied For
City & State	City & State		59-14-602-7 Not Applicable
Zip	Country Zip C	ountry	5. Certificate of Status Desired Fee Required
3		Name	7. Name and Address of Current Registered Agent
	DO NOT WRITE	Street Address	(P.O. Box Number is Not Acceptable) 4010 PONTE VEDRA BUD.
	IN THIS SPACE		2010 10010 00000
.4		City	ACKSONUILLE BEACH FL Zip Code 32250
• The above n	amed entity submits this statement for the purpose of changing its regi	istered office or registe	ered agent, or both, in the State of Florida.
6. (11.0 decree 1	·		10/15/02
SIGNATURE _	ignature, typed or printed name of registered agent and title if applicable. (NOTE: Reg	gistered Agent signature requir	(BO When reinstand)
9. This corpor Tax filing re (See criteri	ation is eligible to satisfy its Intangible After May 1,1 Amended U	1 Fee is \$150.00 Fee is \$550.00 BR is \$61.25 to Department of S	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. □ Added to Fees tate
11.	OFFICERS AND DIRECTORS	TITLE	
TITLE NAME STREET ADDRESS	JAMES KING VEDRA BLVD.	NAME STREET ADDRESS CITY-ST-ZIP	-10/16/0201096006 ****150.00 ****150.00
CITY-ST-ZIP	JACKSONVINE BEACH, 12 32250	TITLE	
NAME		NAME STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME		NAME STREET ADDRESS	DO NOT WRITE
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	DO NOT WRITE
TITLE		TITLE NAME	IN THIS SPACE
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NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	
TITLE		TITLE NAME	
NAME STREET ADDRESS CITY-SI-ZIP		STREET ADDRESS CITY-ST-ZIP	440 07(2)(i) Elevide Statutes I further certify that the informatic
Indicate	certify that the information supplied with this filing does not qualify for d on this report or supplemental report is true and accurate and that morporation or the receiver or trustee empowered to execute this report ent with an address, with all other like empowered.	the exemption stated in y signature shall have as required by Chapt	in Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or direct ter 607, Florida Statutes; and that my name appears in Block 11 or on an

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _



Income Tax Services Financial & Insurance Services Accounting & Bookkeeping Services JAMES K. REESE, EA FREDERICK J. REESE

1201 North Third Street • Jacksonville Beach, Florida 32250 • (904) 241-0050 • Fax (904) 241-0752

October 15, 2002

Division of Corporations Post Office Box 6327 Tallahassee, FL 32302

Re: James King Construction, Inc. - 2002 Uniform Business Report

Doc. #: P94000017138

Dear Sir or Madam:

The above referenced Taxpayer never received any preprinted Uniform Business Report for the above referenced period. As soon as the client brought this to our attention we completed the attached form and are mailing with the filing fee. We request your assistance in abating the Late Filing Penalties concerning the 2002 Report. Your cooperation and understanding is appreciated in advance.

If you have any questions, please do not hesitate to contact me.

Sincerely,

James K. Reese, EA

Enclosures:

Check for \$150.00

2002 Uniform Business Report