

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90114 007 ***150.00

DOCUMENT # P94000029166

1. Entity Name

JOHN KINGSTON ENTERPRISES INC.

Principal Place of Business

9205 SE DEERBERRY
 TEQUESTA FL 33469
 US

Mailing Address

P O BOX 3146
 TEQUESTA FL 33469-1002
 US

2. Principal Place of Business

9205 SE DEERBERRY

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 3146

Suite, Apt. #, etc.

City & State

TEQUESTA, FL

City & State

TEQUESTA, FL

Zip

33469

Country

USA

Zip

33469

Country

USA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BATES, THOMAS M
C/O GAUNT PRATT & RADFORD PA
1401 FORUM WAY SUITE 500
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name **BATES, THOMAS M**
 Street Address (P.O. Box Number is Not Acceptable)
515 N. FLAGLER DR SUITE 300 P
 City **W. PALM BEACH FL** Zip Code **33401**

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	P <input type="checkbox"/> Delete
NAME	KARP, HAZEN J
STREET ADDRESS	18500 SE WOODHAVEN LN #E
CITY-ST-ZIP	TEQUESTA FL 33469
TITLE	V <input type="checkbox"/> Delete
NAME	KARP, CAROL L
STREET ADDRESS	18500 SE WOODHAVEN LN #E
CITY-ST-ZIP	TEQUESTA FL 33469
TITLE	ST <input type="checkbox"/> Delete
NAME	KARP, STEPHANIE
STREET ADDRESS	18500 SE WOODHAVEN LANE, #E
CITY-ST-ZIP	TEQUESTA FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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)(l), 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.

SIGNATURE:

Hazen J. Karp
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-00 561-747-0767

Date

Daytime Phone #

CR2E034 (9/99)