

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000073335

1. Entity Name

KING OF HEARTS, INC.

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90072 017 \*\*\*158.75

Principal Place of Business

Mailing Address

~~3622 TERAPIN LN-1008~~  
~~CORAL SPRINGS FL 33067~~

*changed*

3622 TERAPIN LN-1008  
CORAL SPRINGS FL 33069-1154

2. Principal Place of Business

3. Mailing Address

762 GOLFVIEW BLVD

762 GOLFVIEW BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

Zip

Country

USA

Zip

Country

USA

4. FEI Number

65-0524797

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOPSICK, DONALD P

~~3622 TERAPIN LN, 1008~~

~~CORAL SPRINGS FL 33067~~

Name

SANDY AGENT NAME

Street Address (P.O. Box Number is Not Acceptable)

762 GOLFVIEW BLVD

City

Pompano Beach

FL

Zip Code

33069

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

DONALD P. Kopsick

*[Signature]*

4-10-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	KOPSICK, DONALD P	
STREET ADDRESS	<del>3622 TERAPIN LN, 1008</del>	
CITY-ST-ZIP	<del>CORAL SPRINGS FL 33067</del>	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOPSICK DONNA E.	
STREET ADDRESS	837 OLD HICKORY RD	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOWRANCE, LISA A.	
STREET ADDRESS	637 BRIAR HILLS	
CITY-ST-ZIP	GARDEN CITY KA 67846	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOGERT, KIM M	
STREET ADDRESS	<del>117 N BLVD</del>	
CITY-ST-ZIP	<del>ST AUGUSTINE FL 32095</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	ADDRESS Change only	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	762 GOLFVIEW BLVD	
CITY-ST-ZIP	Pompano Beach, FL 33069	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ADDRESS Change only	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	839 AUA CT.	
CITY-ST-ZIP	St. Augustine FL 32086	
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)(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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DONALD P. Kopsick

954-978-2729

CR2E034 (9/99)