

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000034045

1. Entity Name

KINGS HIGHWAY OIL, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90214 008 ***150.00

Principal Place of Business

138 N COUNTY ROAD
 PALM BCH FL 33480
 US

Mailing Address

138 N COUNTY ROAD
 PALM BCH FL 33480-3917
 US

2. Principal Place of Business

223 Sunset Ave.

Suite, Apt. #, etc.

Suite 110

City & State

Palm Beach FL

Zip

33480

Country

USA

3. Mailing Address

223 Sunset Ave

Suite, Apt. #, etc.

Suite 110

City & State

Palm Beach FL

Zip

33480

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0588409

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LIST, MARTIN A.
 138 N COUNTY ROAD
 PALM BCH FL 33480

[Signature]

7. Name and Address of New Registered Agent

Name

Martin A. List

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

223 Sunset Ave.

Suite 110

City

Palm Beach

FL

Zip Code

33480

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

Martin A. List

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	LIST, MARTIN A.	
STREET ADDRESS	138 N COUNTY ROAD	
CITY-ST-ZIP	PALM BCH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	RHODES, PAUL	
STREET ADDRESS	251A ROYAL PALM WAY STE 300	
CITY-ST-ZIP	PALM BEACH FL 33480	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	223 Sunset Ave, Suite 110
CITY-ST-ZIP	Palm Beach FL 33480
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	40 TOM STREET, ESQ 777 S. FLAGLER DR #900
CITY-ST-ZIP	W. PALM BEACH, FL 33401
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)(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] Paul Rhodes

Date

Daytime Phone #

4/2/00 561 659 5400

CR2E034 (9/99)