

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

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1. Entity Name
KING ENVIRONMENTAL PRODUCTS, INC.



Principal Place of Business
**7544 WILES RD
SUITE 102, 103 AND 104
CORAL SPRINGS FL 33067
US**

Mailing Address
**P.O. BOX 771432
CORAL SPRINGS FL 33077
US**



2. Principal Place of Business
6043 KIMBERLY BLVD.

3. Mailing Address

Suite, Apt. #, etc.
SUITE U

Suite, Apt. #, etc.

City & State
NORTH LAUDERDALE, FL.

City & State

4. FEI Number **65-0656763**

Applied For
Not Applicable

Zip **33068** Country **USA**

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAMANNA, PATRICK
7544 WILES ROAD
SUITE 104
CORAL SPRINGS FL 33067**

Name **LAMANNA, PATRICK**
Street Address (P.O. Box Number is Not Accepted) **6544 NW 43RD COURT**
CORAL SPRINGS
City **FL 33067**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	LAMANNA, PATRICK	7544 WILES RD, STE 104	CORAL SPRINGS FL 33067	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		6544 NW 43RD COURT	CORAL SPRINGS, FL.		

12. 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 10 or Block 11 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 #

CR2E034 (10/02)