2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P96000094410

7401 CENTER BAY DR

NORTH BAY VILLAGE FL 33141

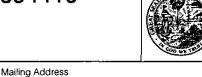
1. Entity Name KING SHIP CORP.

Principal Place of Business

NORTH BAY VILLAGE FL 33141

7401 CENTER BAY DR

US



FILED Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90219 043 ***150.00

2. Principal Place of Business		3. Mailing Address											
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES							
City & State			City & State				4. FEI Number 65-0710871 Applied For Not Applica						
Zip		Country	Zip Coun			try		5. 0	Certificate of Status Desired	\$8.75 Fee Re			
	6. Name	and Address of Current	Register	ed Agent				7. N	Name and Address of New Registered	Agent			
HAMMONS, FOY H						Street Address (P.O. Box Number is Not Acceptable)							
2701 S BAYSHORE DR STE 606						Succi A	uuiess (r	.О. Ы	ox Number is Not Acceptable)				
MIAMI FL 33123													
uprā.						City FL Zip Code							
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	ind title if ap	plicable. (NOTE:	Registere	d Agent signatu	re required v	when rei	instating) DATE	`			
								1					
After	May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.00 Florida Department of	State	c c					Election Campaign Financing Trust Fund Contribution.			0 May Be to Fees	
10.		OFFICERS AND	DIRECTO	DRS	11.			AD	DITIONS/CHANGES TO OFFICERS AN	D DIREC	TORS	3 IN 11	
NAME	DP Nobili, R/			☐ Delete	TITLE NAMI					☐ Ch	inge	Addition	
	352 NE 98 MIAMI SHO					et address -st-zip							
TITLE		1/44 1870 - 1882		☐ Delete	TITLE					☐ Ch	ange	☐ Addition	
NAME		4.			NAM								
STREET ADDRESS		N _a				ET ADDRESS						İ	
CITY-ST-ZIP					4	-ST-ZIP							
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NAME					NAME	1							
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CITY-ST-ZIP					CITY-	ST-ZIP							

12. I hereby certify that the information supplied with this filling 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: RANGING REQUIRED

4/8/03

Daytime Phone #

2005

CR2E034 (10/C