## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P96000094767 Apr 21, 2000 8:00 am Secretary of State KING TECHNOLOGIES, INC. 04-21-2000 90029 007 \*\*\*150.00 Principal Place of Business Mailing Address 3831 JEFFERSON STREET 3831 JEFFERSON STREET HOLLYWODD FL 33021 HOLLYWOOD FL 33021-7311 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0713901 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6." Name and Address of Current Registered Agent KING, ROBIN J Street Address (P.O. Box Number is Not Acceptable) 3831 JEFFERSON ST. HOLLYWOOD FL 33021 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. (NOTE: Registered Agent signature required when reinstating) applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition Delete TITLE KING, WILLIAM B. JR TITLE KINGX, WILLIAM B JR NAME NAME STREET ADDRESS STREET ADDRESS 3831 JEFFERSON STREET CITY-ST-ZIP CITY-ST-ZIP HOLLYWODD FL 33021 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME **TMAN** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition 🚅 🗖 Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.