

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000038558**

1. Entity Name

OLD KINGS INTERCHANGE, INC.**FILED****Mar 20, 2000 8:00 am**
Secretary of State

03-20-2000 90144 050 ***150.00

Principal Place of Business

**4 OLD KINGS RD., N.
SUITE B
PALM COAST FL 32137
US**

Mailing Address

**4 OLD KINGS RD., N.
PALM COAST FL 32137-8226**

2. Principal Place of Business

3. Mailing Address

4 Old Kings Road N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite B

City & State

City & State

Palm Coast, Fl

4. FEI Number

59-3446685

Applied For

Not Applicable

Zip

Country

Zip

Country

321375. 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

**CHIUMENTO, MICHEL D
4 OLD KINGS RD N
PALM COAST FL 32137**

Name

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

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.

SIGNATURE

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 | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|----------------------|--------------------|-----------------------|---------------------------------|-------|----------------------|--------------------|----------------------|-------------------------------------|-----------------------------------|
| PD | GIBBS, DAVID | 1509 OAK FOREST DR | ORMOND BEACH FL 32074 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| VPD | GAZZOLI, JOHN | 3 COLE PL | PALM COAST FL | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| DST | CHIUMENTO, MICHAEL D | 4 OLD KINGS RD N | PALM COAST FL | <input type="checkbox"/> | D | Chiumento, Michael D | 4 Old Kings Road N | Palm Coast, FL 32137 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| DS | GIBBS, THOMAS | 33 S SUGARMILL LN | PALM COAST FL | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| DT | GARDNER, JAMES | 14 MEDEIRA CT | PALM COAST FL | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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 another line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James E. Gardner 2/24/00 904/445-2642

Date

Daytime Phone #

C-14 (3/99)