

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90022 050 ***150.00

DOCUMENT # P97000038558

1. Entity Name

OLD KINGS INTERCHANGE, INC.

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

5 Montilla Place

5 Montilla Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Palm Coast, FL

Palm Coast, FL

Zip
32137

Country
USA

Zip
32137

Country
USA

4. FEI Number

59-3446685

Applied For

Not Applicable

5. 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

James Gardner

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

5 Montilla Place

City

Palm Coast

FL

Zip Code

32137

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

James Gardner

1/22/02

(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, 2002 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
**PD
GIBBS, DAVID
1509 OAK FOREST DR
ORMOND BEACH FL 32074** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
GAZZOLI, JOHN
3 COLE PL
PALM COAST FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CHIUMENTO, MICHAEL D
4 OLD KINGS RD N
PALM COAST FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
GIBBS, THOMAS
33 S SUGARMILL LN
PALM COAST FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
GARDNER, JAMES
14 MEDEIRA CT
PALM COAST FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Gardner

1/22/02

386/445-1041

Date

Daytime Phone #

CR2E034 (9/01)