

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000076827**1. Entity Name
E. J. KONING ENTERPRISES, INC.**FILED**
Aug 25, 2002 8:00 am
Secretary of State

08-25-2002 90195 043 ***150.00

U1280000
AIPrincipal Place of Business
**1004 HAMMOCK RD
SEBRING FL 33872**Mailing Address
**1004 HAMMOCK RD
SEBRING FL 33872**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0825237		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KONING, EWOUT 1004 HAMMOCK RD SEBRING FL 33872		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. 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

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 \$550.00**
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State10. 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	D KONING, EWOUT J 1004 HAMMOCK RD SEBRING FL 33872 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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:

SID Koning
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

08-15-2002 385-6232

CR2E034 (4/02)

Attachment

**E. J. Koning Enterprises, Inc.
1004 Hammock Road
Sebring, FL 33870**

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314


Re: Corporate Annual Fee
FEIN 65-0825237
Document # P97000076827

Dear Sir or Madam:

Enclosed is my annual report and check in the amount of \$150.

I realize my report is being filed late and that there is a substantial penalty for late filing. I had to be away from my business for several weeks early this year and left specific instructions regarding when this report had to be filed. Due to a clerical error, my annual report was never mailed. I respectfully request that the \$400 penalty be abated.

Thank you for your thoughtful consideration of my circumstances.


Ewout Koning
E. J. Koning Enterprises, Inc.