

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91401 031 ***158.75

DOCUMENT # P97000084368

1. Entity Name
KING'S PRIDE, INC.



Principal Place of Business
**5865 N.W. 120TH AVE
#102
POMPANO BEACH FL 33076**

Mailing Address
**PO BOX 9436
CORAL SPRINGS FL 33075**



2. Principal Place of Business

3. Mailing Address

355 NORTH CAMP RD
Suite, Apt. #, etc.

355 NORTH CAMP ROAD
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
ISHPEMING MI
Zip
49849
Country
USA

City & State
ISHPEMING MI
Zip
49849
Country
USA

4. FEI Number
58-2354261

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

**MOYLE, BERNARD T
ONE FINANCIAL PLAZA
SUITE 1600
FT LAUDERDALE FL 33394**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **D** ☐ Delete
STREET ADDRESS **ARCHAMBEAU, DAVID**
CITY-ST-ZIP **3465 PINEWALK DRIVE NORTH #102 MARGATE FL 33063**

TITLE
NAME **PRESIDENT** ☒ Change ☐ Addition
STREET ADDRESS **DAVID ARCHAMBEAU**
CITY-ST-ZIP **355 NORTH CAMP ROAD ISHPEMING MI 49849**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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, 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: **DAVID ARCHAMBEAU**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-03

Date Daytime Phone #

CR2E034 (10/02)