

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

0063018 AV

DOCUMENT # P97000087825

1. Entity Name
KING LION ZOOLOGICAL PRODUCTS, INC.

03-12-2002 90030 049 ***150.00

Principal Place of Business

**30653 CENTER AV N
 OKEECHOBEE FL 34972
 US**

Mailing Address

**POST OFFICE BOX 1075
 OKEECHOBEE FL 34973**



2. Principal Place of Business

3. Mailing Address

**KING LION ZOOLOGICAL
 PRODUCTS, INC**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

OKEECHOBEE

City & State

OKEECHOBEE, FLA

4. FEI Number

65-0832531

Applied For

Not Applicable

Zip

Country

Zip

Country

34972-7298

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

**LORENZ, DAVID LARRY
 30653 N.E. 12TH TERRACE
 OKEECHOBEE FL 34972**

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, 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 ☐ Delete
 NAME **LORENZ, DAVID LARRY**
 STREET ADDRESS **POST OFFICE BOX 1075 N/A**
 CITY-ST-ZIP **OKEECHOBEE FL 34973**

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

TITLE ☐ Delete
 NAME
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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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb 27/02

863-763-3765

CR2E034 (9/01)