FILED

Daytime Phone #

2002 Uniform Business Report (UBR)

Apr 08, 2002 8:00 am Secretary of State P98000003192 DOCUMENT # 1. Entity Name CAROL KING REALTY, INC. 04-08-2002 90258 042 ***150.00 Principal Place of Business Mailing Address 8706 NW 18 COURT 8706 NW 18 COURT CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0811434 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KING WANSLEY, LINDA CAROL Street Address (P.O. Box Number is Not Acceptable) 8706 NW 18 COURT 5308 Spectacular Bid Drive CORAL SPRINGS FL 33071 Wesley Chapel, F1 33544 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 Fiorida FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE □ Delete (9/01 Change ☐ Addition WANSLEY, LINDA C NAME NAME E034 (8706 NW 18TH COURT STREET ADDRESS STREET ADDRESS 5308 Spectacular Bid Drive CORAL SPRINGS FL 33071 CITY-ST-7IP CITY-ST-ZIP Wesley Chapel, Fl 33544 **VPT** TITLE ☐ Delete TITLE ☐ Addition WANSLEY, DAVID L NAME NAME 5308 Spectacular Bid Drive 8706 NW 18TH COURT STREET ADDRESS STREET ADDRESS Wesley Chapel, Fl 33544 CORAL SPRINGS FL 33071 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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