

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91624 001 ***150.00

DOCUMENT # P98000016094

1. Entity Name

THE KING AND COMPANY, INC.

Principal Place of Business

**990 N. SR 434
 STE 1128
 ALTAMONTE SPRINGS FL 32714**

Mailing Address

**990 N. SR 434
 STE 1128
 ALTAMONTE SPRINGS FL 32714**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**OWEN, RICHARD B
 5250 S HWY 17-92
 CASSELBERRY FL 32707**

7. Name and Address of New Registered Agent

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

TITLE **D** ☐ Delete
 NAME **METZDORF, STEVEN M**
 STREET ADDRESS **710 ARNOLD ST**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE **D** ☐ Delete
 NAME **METZDORF, STEPHANIE K**
 STREET ADDRESS **710 ARNOLD ST**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☐ Addition
 NAME **Metzdorf, Steven**
 STREET ADDRESS **206 Adelaide Blvd**
 CITY-ST-ZIP **Alt Springs FL 32701**

TITLE **D** ☐ Change ☐ Addition
 NAME **Metzdorf, Stephanie**
 STREET ADDRESS **206 Adelaide Blvd**
 CITY-ST-ZIP **Alt Springs FL 32701**

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

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

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

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

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:

Steven Metzdorf
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-02

Date

Daytime Phone #

CR2E034 (9/01)

Attachment

436000



P98000016094

STEVEN MARK

• A FULL SERVICE SALON •

May 8, 2002

To whom it may concern:

Re: Document P98000016094

I am requesting that you except the enclosed check as payment in full for UBR filing.

My office manager, who takes care of our billings went into the hospital unexpectedly last week.

As you can see by the date I signed 1-12-02.

Again, please except this as payment in full.

Sincerely,

Stephanie Metzdorf