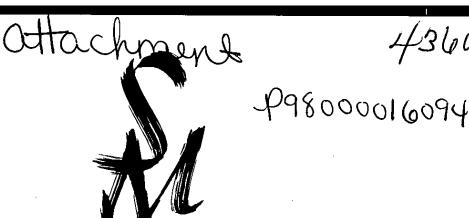
## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 28, 2002 8:00 am Secretary of State DOCUMENT # P98000016094 1. Entity Name 05-28-2002 91624 001 \*\*\*150.00 THE KING AND COMPANY, INC. Principal Place of Business Mailing Address 990 N. SR 434 990 N. SR 434 STE 1128 STE 1128 **ALTAMONTE SPRINGS FL 32714** ALTAMONTE SPRINGS FL 32714 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-3500402 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OWEN, RICHARD B Street Address (P.O. Box Number is Not Acceptable) 5250 S HWY 17-92 CASSELBERRY FL 32707 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FE€ IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Metzdorf, Steven 206 Adelaide Blyd ☐ Addition NAME METZDORF, STEVEN M NAME STREET ADDRESS 710 ARNOLD ST STREET ADDRESS ALL SPYINGS PL 32701 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701 CITY-ST-ZIP TITLE Mct2dorf. Stephan & Change 200 Adelaide BIVd Delete TITLE NAME METZDORF, STEPHANIE K STREET ADDRESS 710 ARNOLD ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701 TITLE - Delete - -TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP ☐ 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 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

Daytime Phone #



STEVEN MARK FULL SERVICE SALON.

May 8,2002

10 whom it may concern Re: Document P98000016094

I am requesting that you except the enclosed check as payment in full For UBR filling.

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.

Sincorky, steplaniel metodosf