

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **98000031680**

1. Entity Name

Kings sportswear inc.

W02-10064

FILED

02 APR 22 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

80-02

09/01/00 90062 087 150.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business 425 N. ATLANTIC AVE Daytona Beach FL 32118		Mailing Address 403 N. ATLANTIC AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Daytona Beach		City & State Daytona Beach	
Zip 32118	Country	Zip 32118	Country

4. FEI Number 59-3562112	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent EVA MANANE 1420 N. ATLANTIC AVE #1902 Daytona Beach FL 32118		7. Name and Address of New Registered Agent Name EVA MANANE Street Address (P.O. Box Number is Not Acceptable) 1420 N. ATLANTIC AVE #1902 City Daytona Beach FL Zip Code 32118	
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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 **Eve Manane** (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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP EVA MANANE - owner 1420 N. ATLANTIC AVE Daytona Beach FL 32118	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 500005500255-9 -05/09/02--01041--006 ****500.00 ****500.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Eve Manane** **3-13-02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)

6-15-07.

To Whom This May Concern:

Our business, Ocean Club Sportswear, burnt down in April of 2001. The entire building and its' contents were a total loss. Due to our main office located in this building, all documents were destroyed. We made a few phone calls requesting new Uniform Business Reports, and we recieved them June 15. Please accept my late applications considering the condition of this case. I am enclosing a check of 150.00\$ per application. It would be grately appreciated if you would wave the late fees.

Thank you.

Eva Olamere.
904-2530105