

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000048382

1. Entity Name

AUER & KING, INC.

FILED

Jun 20, 2000 8:00 am
Secretary of State

06-20-2000 90002 042 ***550.00

Principal Place of Business

Mailing Address

4711 SOUTHWIND BLVD
KISSIMMEE FL 34746

4711 SOUTHWIND BLVD
KISSIMMEE FL 34746-5953

2. Principal Place of Business

2750 Michigan Ave

3. Mailing Address

Same as Principal

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1

City & State

Kissimmee FL

City & State

4. FEI Number

65-0851912

Applied For

Not Applicable

Zip

34744

Country

USA

Zip

Country

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

KING, JEFFERY E
4711 SOUTHWIND BLVD
KISSIMMEE FL 34746

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, 2000 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 P
NAME AUER, STEVE ☐ Delete
STREET ADDRESS 7017 NARCOOSSEE RD
CITY-ST-ZIP ORLANDO FL 32822

TITLE Treasurer
NAME Carla McClung ☐ Change ☒ Addition
STREET ADDRESS 16131 E Sunflower Tr
CITY-ST-ZIP Orlando FL 32828

TITLE V
NAME KING, JEFFERY ☐ Delete
STREET ADDRESS 4711 SOUTHWIND BLVD
CITY-ST-ZIP KISSIMMEE FL 34746

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

TITLE VFO
NAME MCCLUNG, TERRY ☐ Delete
STREET ADDRESS 16131 E SUNFLOWER TR
CITY-ST-ZIP ORLANDO FL 32828

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/16/00 407-518-7777

C-32E034 (9/99)