

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000048382

1. Entity Name  
AUER & KING, INC.

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90057 016 \*\*\*150.00

Principal Place of Business  
2750 MICHIGAN AVE  
STE ONE  
KISSIMMEE FL 34744

Mailing Address  
2750 MICHIGAN AVE  
STE ONE  
KISSIMMEE FL 34744



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0851912

Applied For

Not Applicable

Zip

Country

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

TITLE  
NAME  
P  
Steve Auer  
STREET ADDRESS  
5400 Jack Brack Rd  
CITY-ST-ZIP  
St Cloud, FL 34771 ☒ Change ☐ Addition

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

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

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

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

TITLE  
NAME  
T  
MCCLUNG, CARLA  
STREET ADDRESS  
16131 E. SUNFLOWER TRL  
CITY-ST-ZIP  
ORLANDO FL 32828 ☐ 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

Steve Auer

2/2/01

Date

407-518-7777

Daytime Phone #

CR2E034 (10/00)