

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 30, 2000 08:00 AM**  
**Secretary of State****DOCUMENT # P98000050804****1. Entity Name**  
WAX KING, INC.**Principal Place of Business**

622 W LANTANA RD

LANTANA  
33462

FL

**Mailing Address**

622 W LANTANA RD

LANTANA  
33462

FL

**2. Principal Place of Business**

329 S. 3RD STREET

**3. Mailing Address**

329 S. 3RD STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

LANTANA

FL

**City & State**

LANTANA

FL

**4. FEI Number****65-0849426****Applied For****Not Applicable****Zip**  
33462**Country****Zip**  
33462**Country****5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**WILLIAMS ROBERT S  
7529 CANAL DRIVELAKE WORTH  
33467

FL

US

**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)

**04/30/2000**

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**

TITLE	T	<input type="checkbox"/> Delete
NAME	PEACH RANDI	
STREET ADDRESS	8179 SW 1 MANOR	
CITY-ST-ZIP	CORAL SPGS FL 33071	

TITLE	T	<input type="checkbox"/> Delete
NAME	WILLIAMS LYNDA	
STREET ADDRESS	7529 CANAL DR	
CITY-ST-ZIP	LK WORTH FL 33467	

TITLE	T	<input type="checkbox"/> Delete
NAME	WILLIAMS ROBERT S	
STREET ADDRESS	7529 CANAL DR	
CITY-ST-ZIP	LK WORTH FL 33467	

TITLE	T	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PEARL RANDI		
STREET ADDRESS	8179 SW 1 MANOR		
CITY-ST-ZIP	CORAL SPGS FL 33071		

TITLE	T	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE	T	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE	T	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE	T	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE	T	<input type="checkbox"/> Change	<input type="checkbox"/> 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:** Robert S. Williams

Date: 04/30/2000