## 2000 UNIFORM BUSINESS REPORT (UBR) Apr 25, 2000 8:00 am Secretary of State DOCUMENT # **P98000058505** KINGCO USA, INC. 04-25-2000 90064 012 \*\*\*150.00 Principal Place of Business Mailing Address 220 GREGORY DRIVE -220-GREGORY DRIVE MARY ESTHER FL 32569 MARY ESTHER FL 32560 1812. 200 RACETRACK Rd. N.E. SAME. FT. WALTON BOD FL. 32547 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3522610 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 45A 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **AMERILAWYER** Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 Zip Code 32.54 FT. WALTON BEACH. 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. DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD Change ☐ Addition TITLE ☐ Delete TITLE KING, MICHAEL T NAME NAME 216 ALDEN DR STREET ADDRESS STREET ADDRESS 220-GREGORY DRIVE FTWALTON BOG, FL. 32547 CITY-ST-ZIP CITY-ST-ZIP MARY ESTHER FL 32569 Addition ☐ Change TITLE ☐ Defete KING, WILLIAM F NAME 811 NEWPORT DR. STREET ADDRESS STREET ADDRESS 220 GREGORY-DRIVE FT. WALTON BELFE. 3254 CITY-ST-ZIP CITY-ST-ZIP MARY ESTHER FL 32569 Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF ICER OR DIRECTOR