2002 UNIFORM BUSINESS REPORT (UBR)

Mar 07, 2002 8:00 am Secretary of State DOCUMENT # P98000100018 1. Entity Name 03-07-2002 90002 014 ***150.00 TWO KINGS, INC. Mailing Address Principal Place of Business 11720 U.S. HIGHWAY 19 #1 11720 U.S. HIGHWAY 19 #1 PORT RICHEY FL 34668 PORT RICHEY FL 34668 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3553412 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PICONE, FRANK Street Address (P.O. Box Number is Not Acceptable) 11720 U.S. HIGHWAY 19 #1 PORT RICHEY FL 34668 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITLE Change ☐ Addition TITLE PD ☐ Delete NAME PICONE, FRANK NAME STREÉT ADDRESS 11720 U.S. HIGHWAY 19 #1 STREET ADDRESS CITY-ST-ZIP PORT RICHEY FL 34668 CITY-ST-ZIP ☐ Addition X Delete TITLE Change TITLEA: STD NAME MANNINO, JOSEPHINE STREET ADDRESS 11720 U.S. HIGHWAY 19 #1 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT RICHEY FL 34668 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

all other like empowered

hment with an address, with

SIGNATURE:

FILED