

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90243 028 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000005016

1. Entity Name

KING'S CONSTRUCTION OF CENTRAL FLORIDA, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3734 GRISSON LANE

Suite, Apt. #, etc.

3. Mailing Address

1940 PARKWAY AVENUE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Kissimmee, FL.

City & State

St Cloud, FL 34772

4. FEI Number

59-3554267

Applied For

Not Applicable

Zip

34741

Country

USA.

Zip

34772

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Bruce L Vilella

Street Address (P.O. Box Number is Not Acceptable)

1940 PARKWAY AVENUE

City

St Cloud

FL

Zip Code

34772

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
VILLELLA, BRUCE L
1940 PARKWAY AVENUE
ST CLOUD, FL 34772

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VPD
DEBAETS, DAVID M
102 LIGHTER LOG LANE
AUBURNDALE, FL 32823

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 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 #

4-25-02 (407) 509-5784

CR2E034B (12/01)