

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		3. Mailing Address 1940 PARKWAY AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Kissimmee, FL.		City & State St Cloud, FL 34772	
Zip 34741	Country USA	Zip 34772	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3554267		Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE		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

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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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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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: Bruce L Vilella Pres DATE: 4-25-02 (407) 509-5784
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)