

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/2

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

04-23-2000 90039 025 \*\*\*150.00

**DOCUMENT # P99000012137**

1. Entity Name

**KOWALSKI & KING COMMERCIAL REAL ESTATE GROUP, INC**

Principal Place of Business

Mailing Address

4730 N. HABANA AVENUE  
SUITE 304  
TAMPA FL 33614

4730 N. HABANA AVENUE  
SUITE 304  
TAMPA FL 33614-7187

2. Principal Place of Business

4728 N. HABANA AVE.

3. Mailing Address

4728 N. HABANA AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

302

302

City & State

City & State

TAMPA, FL

TAMPA, FL

Zip

Country

Zip

Country

33614

U.S.A.

33614

U.S.A.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KINT, ROBERT J  
4730 N. HABANA AVENUE  
SUITE 304  
TAMPA FL 33614

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	0	<input type="checkbox"/> Delete
NAME	KING, ROBERT J	
STREET ADDRESS	4730 N. HABANA AVENUE, SUITE 304	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)