

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90095 008 \*\*\*150.00

**DOCUMENT # P99000012137**

1. Entity Name

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

Principal Place of Business

4728 N. HABANA AVENUE  
SUITE 304  
TAMPA FL 33614

Mailing Address

4728 N. HABANA AVENUE  
SUITE 304  
TAMPA FL 33614

2. Principal Place of Business

4728 N. HABANA Ave.

3. Mailing Address

4728 N. Habana Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 302

SUITE 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

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

7. Name and Address of New Registered Agent

Name

Robert J. King

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

4728 N. Habana Ave.

SUITE 302

City

TAMPA

FL

Zip Code

33614

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, 2001 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
KING, ROBERT J  
4730 N. HABANA AVENUE, SUITE 304  
TAMPA FL 33614 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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STREET ADDRESS  
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
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CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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

3/5/01

813-874-1515

Date

Daytime Phone #

CR2E034 (10/00)

0347671