

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90071 043 ***150.00

DOCUMENT # P99000020962

1. Entity Name
KEVIN KING, INC.



Principal Place of Business
**1801 LYONS ROAD
SUITE 205
COCONUT CREEK FL 33063**

Mailing Address
**1801 LYONS ROAD
SUITE 205
COCONUT CREEK FL 33063**

11007558



2. Principal Place of Business

**2530 Shelby Creek Rd. W
Suite, Apt. #, etc.**

3. Mailing Address

**2530 Shelby Creek Rd W
Suite, Apt. #, etc.**

☒ CHECK HERE IF MAKING CHANGES

City & State
Jacksonville, FL

Zip
32221

Country
USA

City & State
Jacksonville, FL

Zip
32221

Country
USA

4. FEI Number **65-0906922**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**STUPARITZ, ALAN D
900 EAST ATLANTIC BLVD
SUITE 17
POMPANO BEACH FL 33060**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **KING, KEVIN**
STREET ADDRESS **1317 SE 22ND AVE STE 2**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE **DTS** ☐ Delete
NAME **KING, JEANNE**
STREET ADDRESS **1017 SE 22 AVENUE SUITE 1**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2530 Shelby Creek Rd. W.**
CITY-ST-ZIP **Jacksonville, FL 32221**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2530 Shelby Creek Rd. W.**
CITY-ST-ZIP **Jacksonville, FL 32221**

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JEANNE KING
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/03
Date

904-693-0058
Daytime Phone #

CR2E034 (10/02)