

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000027254

1. Entity Name

KING LAW, P.A.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90015 035 ***150.00

Principal Place of Business

Mailing Address

8000 NORTH FEDERAL HIGHWAY
 BOCA RATON FL 33487

8000 NORTH FEDERAL HIGHWAY
 BOCA RATON FL 33487-1620

2. Principal Place of Business

22154 MARTELLA AVE

3. Mailing Address

22154 MARTELLA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33433

Country

USA

Zip

33433

Country

USA

4. FEI Number

65.0932919

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

KING, SEAN
 8000 NORTH FEDERAL HIGHWAY
 BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name SEAN KING

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

22154 MARTELLA AVE

City

BOCA RATON, FL

FL

Zip Code

33433

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.

SEAN KING - PRES

4/24/00

(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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KING, SEAN	
STREET ADDRESS	8000 NORTH FEDERAL HIGHWAY	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	PRESIDENT - DIRECTOR	<input type="checkbox"/> Delete
NAME	SEAN KING	
STREET ADDRESS	22154 MARTELLA AVE	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIRECTOR - PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEAN KING	
STREET ADDRESS	22154 MARTELLA AVE	
CITY-ST-ZIP	BOCA RATON, FL 33433	
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		
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		
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

4/24/00 561-901-5299

Date

Daytime Phone #

CR2E034 (9/99)