

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000072422

1. Entity Name

KING CAPITAL MANAGEMENT, INC.

FILED
Aug 02, 2000 8:00 am
Secretary of State

08-02-2000 90006 031 ***150.00

Principal Place of Business

1225 NW 21ST ST., #1010
 STUART FL 34994

Mailing Address

1225 NW 21ST ST., #1010
 STUART FL 34994

2. Principal Place of Business

2849 SW 42nd Ave

3. Mailing Address

4863 SW Bermuda Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Palm City, FL

City & State

Palm City, FL

4. FEI Number

65-0942593

Applied For

Not Applicable

Zip

34990

Country

USA

Zip

34990

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KING, SCOTT C
 1225 NW 21ST ST., #1010
 STUART FL 34994

7. Name and Address of New Registered Agent

Name

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

4863 SW Bermuda Way

City

Palm City

FL

Zip Code

34990

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PVSD ☐ Delete
 NAME KING, SCOTT C
 STREET ADDRESS 1225 NW 21ST ST., #1010
 CITY-ST-ZIP STUART FL 34994

TITLE TD ☐ Delete
 NAME KING, MICHELLE E
 STREET ADDRESS 1225 NW 21ST ST., #1010
 CITY-ST-ZIP STUART FL 34994

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 4863 SW Bermuda Way
 CITY-ST-ZIP Palm City, FL 34990

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 4863 SW Bermuda Way
 CITY-ST-ZIP Palm City, FL 34990

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

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

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

TITLE ☐ Change ☐ 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCOTT C. KING

July 25, 2000 561-781-8940

Date

Daytime Phone #

Attachment
P99000072422
DOB 76092

Florida Division of Unemployment Compensation
107 E Madison Street
Tallahassee, FL 32399-0212

Dear Sir or Madam:

I have just started up my business in Florida and did not receive my first UBR report and have only recently received my second notice. I ask that the penalty be waived as having not received the form I was not in a position to file it. Thank you very much for your consideration. I have enclosed the \$150 amount for the filing as required for first notice.

Yours Sincerely,



Scott King

King Capital Management, Inc.

#P99000072422

Attachment #