

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2003 8:00 am
Secretary of State

02-18-2003 90094 032 ***150.00

DOCUMENT # P99000079621

1. Entity Name
KING VENTURE CORPORATION



Principal Place of Business
**8016 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211**

Mailing Address
**8016 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211**

2. Principal Place of Business
JACKSONVILLE FL
Suite, Apt. #, etc.

3. Mailing Address
8016 ARLINGTON EXP.
Suite, Apt. #, etc.

City & State
JACKSONVILLE FL

City & State
JACKSONVILLE FL

4. FEI Number
38-3490034

Applied For
Not Applicable

Zip
32211
Country
U.S.A.

Zip
32211
Country
U.S.A.

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

6. Name and Address of Current Registered Agent

**PATEL, VIJAY
KINGS INN
8016 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211**

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 reinstalling) 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PATEL, JITENDRA B 10900 W. 8 MILE ROAD FERNDAL MI 48220	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PATEL, VIJAY 8016 ARLINGTON EXPRESSWAY JACKSONVILLE FL 32211	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SIGNATURE OF THE PREPARED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/15/03

Date

904-725-3343

Daytime Phone #

CR2E034 (10/02)