

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B 99000089182

1. Entity Name
King Corp Of Naples

Principal Place of Business Mailing Address
25201 Tamiami Trail South
Bonita Springs, Florida 34134

2. Principal Place of Business
Same
Suite, Apt. #, etc.

3. Mailing Address
Same
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Lee

Zip

Country

Lee

6. Name and Address of Current Registered Agent

William S. Galvano
1023 Manatee Avenue West
Bradenton, Florida 34205

4. FEI Number
59-3627282

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name

Vince Falcone

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

1413 Old Oak Lane

City

Naples, Florida

FL

Zip Code

34110

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 *Vince Falcone*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9-6-00

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	President	<input type="checkbox"/> Delete
NAME	Vince Falcone	
STREET ADDRESS	1413 Old Oak Lane	
CITY-ST-ZIP	Naples, Florida 34110	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Joseph Leanza	
STREET ADDRESS	451 Manhattan Street	
CITY-ST-ZIP	Staten Island, NY 10307	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Gary Wan Lam	
STREET ADDRESS	108 Kingston Avenue	
CITY-ST-ZIP	Brooklyn, NY 11231	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	400003398334--3	
CITY-ST-ZIP	-09/19/00--01069--002	
	****150.00 ****150.00	
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: *Vince Falcone*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-6-00

CR2E034 (9/99)