

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 10, 2002 8:00 am
Secretary of State

05-13-2002 90102 034 ***150.00

DOCUMENT # **P99000089923**

1. Entity Name
Kingsware, INC.

DO NOT WRITE IN THIS SPACE

92246

2. Principal Place of Business
4310 S. Revellie Dr.
Suite, Apt. #, etc.

3. Mailing Address
4310 S. Revellie Dr.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tampa, FL
Zip
33611
Country
U.S.A.

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Tampa, FL
Zip
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Country
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4. FEI Number
59-3599683
Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **Kimberly L. Williams**
Street Address (P.O. Box Number is Not Acceptable)
4310 S. Revellie Dr.
City **Tampa, FL** Zip Code **33611**

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 **Kimberly L. Williams** **Kimberly L. Williams, Pres.** **5-28-02**
DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	President / T Kimberly Williams 4310 S. Revellie Dr. Tampa, FL 33611
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V. P. McGregor King 4310 S. Revellie Dr. Tampa, FL 33611
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Kimberly L. Williams** **Kimberly L. Williams** **4-28-2 (813)835-1000**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER (OR DIRECTOR) DATE DAYTIME PHONE #