

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90080 034 \*\*\*150.00

**DOCUMENT # P99000090211**

1. Entity Name

**FOUR KINGS, A QUEEN AND A JOKER, INC.**

Principal Place of Business 3501 W VINE ST. SUITE 200 KISSIMMEE FL 34741	Mailing Address 3501 W VINE ST. SUITE 200 KISSIMMEE FL 34741-4672
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2. Principal Place of Business <i>120 N. Orange Ave</i>	3. Mailing Address <i>1970 E. Osceola Pkwy #341</i>
Suite, Apt. #, etc. <i>Suite I</i>	Suite, Apt. #, etc. <i>#341</i>
City & State <i>(Orlando) FL</i>	City & State <i>Kissimmee</i>
Zip <i>32801</i>	Country <i>USA</i>
Zip <i>FW</i>	Country <i>34743</i>



DO NOT WRITE IN THIS SPACE

4. FEI Number <i>59-3606864</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent <b>MOORE, MICHAEL L</b> 5458 HOFFNER AVE, SUITE 303 ORLANDO FL 32812	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (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) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President Billy Ray Whitman 628 Drew Ave Clermont FL 34711</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P Billy Ray Whitman 628 Drew Ave Clermont FL 34711</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice President Danny Glaze 2660 North OBT #13 Kissimmee FL 34744</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VP Danny Glaze 2660 North OBT #13 Kissimmee FL 34744</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Secretary Robert Robbins 120 N. Orange Ave Ste B Orlando FL 32801</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>S Robert Robbins 120 N. Orange Ave Ste B. Orlando FL 32801</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Treasurer Cheryl A. Wigton 3936 S. Semoran #360 Orlando FL 32822</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>T Cheryl A. Wigton 3936 S Semoran # 360 Orlando FL 32822</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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: *Billy Ray Whitman (President)* Date: *4-1-00* Daytime Phone #: *(407) 343-1310*

CR2E034 (9/99)