02-14-2002 90058 015 \*\*\*150.00

## 2002 UNIFORM BUSINESS REPORT (UBR)

S38599 **DOCUMENT #** 

1. Entity Name

KINGS TRANSMISSION PARTS & TOOLS, INC.

Principal Place of Business

Mailing Address

2900 CENTRAL AVE. ST. PETERSBURG FL 33712			2900 CENTRAL AVE. ST. PETERSBURG FL 33712								<b>         </b>		
2. Principal Place of Business			3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & State			City & State			<b>4.</b> F	El Number	59-3055!	590			oplied For	
Zip		Country	Zip	itry	5. Certificate of Status Desired				\$8.75 Additional Fee Required				
	6. Name	and Address of Current R	egistered Agent	=		7. N	lame and A	ddress of No	ew Regist		<del></del>		
			<del> </del>		Name			-					
	HNEETA M.	•	Street Addres			ess (P.O. B	s (P.O. Box Number is Not Acceptable)						
2900 CENTRAL AVE. ST. PETERSBURG FL 33712									# <b>*</b>				
01112121			City							FL	Zip Cod	e	
8. The above	named entity	v submits this statement for	the purpose of changing its	register	ed office or reg	istered ag	ent, or both,	in the State	of Florida.		<u></u>		
SIGNATURE		or printed name of registered agent an	nd title if applicable. (NOTE	E: Registere	nd Agent signature re					DATE		<u>.</u>	
<ol> <li>This corporation is eligible to satisfy its Intangible         Tax filing requirement and elects to do so.         (See criteria on back)</li></ol>			FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Si			State	Trust	tion Campaig Fund Contril	bution.		Adde	May Be d to Fees	
11.		OFFICERS AND C	DIRECTORS	12.		AD	DITIONS/C	HANGES TO	OFFICER				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2900 CEN	HNEETA M. TRAL AVE. RSBURG FL	☐ Delete								☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KING, TIM 4026 39TH	othy I ave. North Rsburg fl	☐ Delete	- 1	i						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KING, ALE 2900 CEN	BERT	☐ Delete		ı				<u>.</u>	•	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FITZGERA 2039 30TI	LD, MARIA A. H AVE. NORTH RSBURG FL	☐ Delete		i			<del></del>		**************************************	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JI. I LILI	IODOTTO 1 E	☐ Delete							-	☐ Change	Addition	
TITLE NAME		<del></del>	☐ Delete	TITL	i						☐ Change	Addition	

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.

CITY-ST-ZIP

SIGNATURE: Walnuta In

CITY-ST-ZIP