

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90008 034 ***150.00

DOCUMENT # V16121

1. Entity Name
VAN DORSTEN-KING CORPORATION, INC.

Principal Place of Business
~~1704 LULLWATER LANE~~
LUTZ FL 33549

Mailing Address
P.O. BOX 97
LUTZ FL 33549



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1833 Lake Heron Dr.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
LUTZ, FL

City & State

4. FEI Number **65-0330112**

Applied For
 Not Applicable

Zip
33549

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VAN DORSTEN, EDNA
~~1704 LULLWATER LN~~
LUTZ FL 33549

1833 Lake Heron Dr.

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.

SIGNATURE

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

(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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PST
 NAME
DORSTEN, EDNA VAN
 STREET ADDRESS
~~1704 LULLWATER LN~~
 CITY-ST-ZIP
LUTZ FL 33549

☐ Delete

TITLE
 NAME
1833 Lake Heron Dr.
 STREET ADDRESS
LUTZ, FL 33549
 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
 NAME
V
KING, RONALD
 STREET ADDRESS
~~1704 LULLWATER LN~~
 CITY-ST-ZIP
LUTZ FL 33549

☐ Delete

TITLE
 NAME
1801 Lake Heron Dr.
 STREET ADDRESS
LUTZ, FL 33549
 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
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 CITY-ST-ZIP

☐ 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.

SIGNATURE **VAN DORSTEN-KING CORP, INC**
by SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/02 **813-508-**
0192
 Daytime Phone #

CR2E034 (9/01)