


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2003 8:00 am
Secretary of State

0146750 AB

09-12-2003 90101 004 ***150.00

DOCUMENT # P05644	
1. Entity Name KING BUSINESS FORMS CORPORATION	

Principal Place of Business 5700 CASEY DRIVE KNOXVILLE TN 37909 US	Mailing Address P.O. BOX 51410 KNOXVILLE TN 37950-1410 US
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2. Principal Place of Business 4021 Doris Circle	3. Mailing Address P.O. Box 71089
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Knoxville, TN	City & State Knoxville, TN
Zip 37918-5410	Zip 37938-1089
Country USA	Country USA

4. FEI Number 62-0875173	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

<p>FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KING, ANN 6315 EMORY ROAD, E. KNOXVILLE TN <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KING, JIMMY 6315 EMORY ROAD, E. KNOXVILLE TN <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SANDE, LORI 8431 COPPOCK ROAD CORRYTON TN <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	REQUIRED	9/9/2003	(865)925-3676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E034 (4/03)

Attachment



80147797
P05644

September 9, 2003

Florida Department of State
Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

I did not receive the original 2003 Uniform Business Report. I thought this was the first one until I got ready to submit it and saw the amount of the fee. I called our registered agent and found out that this was a late fee.

I called your number and was advised to send this letter with the \$150.00 fee.

If you will check our record, you will see that we have always paid our fees on a timely basis. I would appreciate the late fee being waived.

Also, please notice that we have a new address on the form.

Sincerely,

A handwritten signature in cursive script that reads 'Ann King'.

Ann King
Secretary-Treasurer

P.O. Box 71089
Knoxville, TN 37938-1089

Phone: (865) 925-3676 WATS: (800) 251-9236
Fax: (865) 925-4045