

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90497 041 ***150.00

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DOCUMENT # P93000088871

1. Entity Name
KENDALL-GARRETT, INC.

Principal Place of Business 7533 SE AUTUMN LANE HOBE SOUND FL 33455 US	Mailing Address 7533 SE AUTUMN LANE HOBE SOUND FL 33455 US
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731359



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>162 Lost Bridge DR</i>	3. Mailing Address <i>162 Lost Bridge DR</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Palm Beach Gardens FL</i>	City & State <i>Palm Beach Gardens FL</i>	4. FEI Number 65-0457411	Applied For <input type="checkbox"/> Not Applicable
Zip <i>33410</i>	Country <i>Palm Beach</i>	Zip <i>33410</i>	Country <i>Palm Beach</i>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
CHESNUT, GARY A
 7533 AUTUMN LANE
 HOBE SOUND FL 33455

7. Name and Address of New Registered Agent
 Name *Same - Different Address*
 Street Address (P.O. Box Number is Not Acceptable)
162 LOST BRIDGE DRIVE
 City *Palm Beach Gardens* **FL** Zip Code *33410*

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 *Gary A. Chesnut* DATE *3/14/01*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	DP CHESNUT, GARY A 7533 AUTUMN LANE HOBE SOUND FL 33455 <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	DV BEIERS, WILLIAM K JR. 7533 AUTUMN ROAD HOBE SOUND FL 33455 <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
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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)(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: *Gary A. Chesnut* DATE *3/14/01*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)