

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State
 02-08-2001 90015 040 ***150.00

007/083

DOCUMENT # 401978

1. Entity Name

JOHN F. KENEFICK, PHOTOGRAMMETRIC CONSULTANT, IN

Principal Place of Business

Mailing Address

**341 4TH AVE
 INDIALANTIC FL 32903
 US**

**PO BOX 033499
 INDIALANTIC FL 32903
 US**

2. Principal Place of Business

341 4TH AVE.

3. Mailing Address

341 4TH AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

INDIALANTIC, FL

City & State

INDIALANTIC, FL

Zip

32903

Country

U.S.

Zip

32903

Country

U.S.

4. FEI Number **59-1395831**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **N/A**

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KENEFICK, JOHN F
 644 FRANKLYN AVENUE
 INDIALANTIC FL 32903**

7. Name and Address of New Registered Agent

Name

N/A

Street Address (P.O. Box Number is Not Acceptable)

N/A

City

N/A

FL

Zip Code **N/A**

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

N/A

N/A

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) ☐ **N/A**

**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. ☐ **N/A**

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	KENEFICK, JOHN F	
STREET ADDRESS	644 FRANKLYN AVENUE	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	S	<input type="checkbox"/> Delete
NAME	KENEFICK, THERESA C	
STREET ADDRESS	644 FRANKLYN AVENUE	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

NONE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John F. Kenefick

Date

25 Jan 01

Daytime Phone #

(321) 725-2715

CR2E034 (10/00)