

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 477871****1. Entity Name**
KERR CONSTRUCTION, INC.**FILED**
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90028 038 ***150.00

Principal Place of Business**3208 17TH ST E**
PALMETTO FL 34221**Mailing Address****3208 17TH ST E**
PALMETTO FL 34221**2. Principal Place of Business**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number**59-1618091**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional**
Fee Required**6. Name and Address of Current Registered Agent****HUXTED, DWAYNE**
11114 35TH CT E
PARRICH FL 34219**7. Name and Address of New Registered Agent**

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****TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
CEOD
HUXTED, DWAYNE
11114 35TH CTE
PARRISH FL 34219 ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
HUXTED, RUTH M.
11114 35TH CTE
PARRISH FL 34219 ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
P
CANEEN, STEVEN
1307 COLLEGE AVE W
RUSKIN FL 33570 ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
HUXTED, KIMBERLY D
340 SHORE DRIVE
ELLENTON FL 34222 ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
Huxted, Ruth m
11114 35th ct. E
Parrish, FL 34219 ☒ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
Huxted, Kimberly
340 Shore Dr
Ellenton, FL 34222 ☒ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kimberly D Huxted, VPD

Date

1/10/02

Daytime Phone #

941-722-6613

CR2E034 (9/01)