

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**  
 03-13-2002 90027 042 \*\*\*150.00

000147 AV

**DOCUMENT # 562685**

**1. Entity Name**  
**JOHN KENNY CONSTRUCTION COMPANY**

**Principal Place of Business**

**155 BAY COVE DRIVE**  
**PONTE VEDRA BCH FL 32082**  
**US**

**Mailing Address**

**PO BOX 1183**  
**PONTE VEDRA BEACH FL 32082**  
**US**



**2. Principal Place of Business**

**5150 Palm Valley Rd**  
 Suite, Apt. #, etc.  
**Suite 201**

**3. Mailing Address**

**P.O. Box 1183**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**  
**Ponte Vedra Beach FL**

**City & State**  
**Ponte Vedra Beach FL**

**4. FEI Number** **59-1812989**

**Applied For**  
**Not Applicable**

**Zip** **32082** **Country** **USA**

**Zip** **32004** **Country** **USA**

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

**6. Name and Address of Current Registered Agent**

**KENNY, THODORE J., III**  
**1254 NECK ROAD**  
**PONTE VEDRA BEACH FL 32082**

**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** **P** ☐ Delete  
**NAME** **KENNY, THEODORE J., III**  
**STREET ADDRESS** **512 FRESH POND RD.**  
**CITY-ST-ZIP** **PONTE VEDRA BEACH FL**

**TITLE** **V** ☐ Delete  
**NAME** **DENNEEN, JOHN P.**  
**STREET ADDRESS** **1254 NECK RD.**  
**CITY-ST-ZIP** **PONTE VEDRA BEACH FL**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☒ Change ☐ Addition  
**NAME** **Suite 201**  
**STREET ADDRESS** **5150 Palm Valley Road**  
**CITY-ST-ZIP** **Ponte Vedra Beach, FL 32082**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
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**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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:**

*Theodore J. Kenny III*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

**Date**

**Daytime Phone #**

CR2E034 (9/01)