

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90017 047 ***150.00

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DOCUMENT # 573011			
1. Entity Name KINSMEN ENTERPRISES, INC.			
Principal Place of Business 18 KINSMEN DR. WINTER HAVEN FL 33884		Mailing Address 18 KINSMEN DR. WINTER HAVEN FL 33884	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1904352		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHEVALIER, BONITA 201 AMBERLY WAY AUBURNDALE FL 33823		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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSTON, MARVIN C	NAME	JOHNSTON, MARVIN C.
STREET ADDRESS	11465 BURGER STREET	STREET ADDRESS	SAME
CITY-ST-ZIP	PLYMOUTH, MICH 00000	CITY-ST-ZIP	SAME
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHEVALIER, THOMAS E	NAME	CHEVALIER, THOMAS E.
STREET ADDRESS	1580 AUBURN OAKS COURT	STREET ADDRESS	SAME
CITY-ST-ZIP	AUBURNDALE FL 33823	CITY-ST-ZIP	SAME
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNAPP, DONALD O	NAME	KNAPP, DONALD O.
STREET ADDRESS	675 OLD BERKLEY ROAD	STREET ADDRESS	SAME
CITY-ST-ZIP	AUBURNDALE FL 33823	CITY-ST-ZIP	SAME
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHEVALIER, JOHN P	NAME	CHEVALIER, JOHN P.
STREET ADDRESS	201 AMBERLY WAY	STREET ADDRESS	SAME
CITY-ST-ZIP	AUBURNDALE FL	CITY-ST-ZIP	SAME
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Marvin C. Johnston **Marvin C. Johnston**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-04-02

Date Daytime Phone #

CR2E034 (9/01)