2000 UNIFORM BUSINES'S REPORT (UBR)

DOCUMENT # 653348

1. Entity Name KENT CONSTRUCTION COMPANY, INC.								
Principal Place of Business 943 INDUSTRIAL DRIVE CHIPLEY FL 32428 US		Mailing Address 943 INDUSTRIAL DRIVE CHIPLEY FL 32428-6314 US						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
City & State		City & State						
Zip	Country	Zip	Country					

FILED Mar 21, 2000 8:00 am Secretary of State 03-21-2000 90095 047 ***150.00

Principal Place of Business		Mailing Address		1				
943 INDUSTRIAL DRIVE CHIPLEY FL 32428 US		943 INDUSTRIAL DRIVE CHIPLEY FL 32428-6314 US		C0041854	NISKI BIBIZ BIBIZ BZBEL (BBI			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SP	ACE			
City & State		City & State		4. FEI Number 59-1981584	Applied For Not Applicable			
Zip	Country	Zip	Country		8.75 Additional ee Required			
	6. Name and Address of Current R	Registered Agent		7. Name and Address of New Registered Ag	ent			
		•	Name		ì			
KENT, RONNIE R 1861 BETHLAHAM RD			Street Address	(P.O. Box Number is Not Acceptable)				
ALFORD FL 32420								
			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 _				(PR				
	Signature, typed or printed name of registered agent ar	nd title if applicable (NO	TE: Registered Agent signature require	d when reinstating) DATE				
Tax filling re	oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	After MAY 1, 20	!!! FEE IS \$150.00 000 Fee will be \$550.00 ble to Department of Sta	10. Election Campaign Financing Trust Fund Contribution. □	\$5.00 May Be Added to Fees			
11. OFFICERS AND DIRECTORS		DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND D				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Kent, ronnie R 1861 Bethlehem Road Alford Fl	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Change Addition 6/6/			
TITLE NAME STREET ADDRESS- CITY-ST-ZIP	ALI ONE I L	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP		Change Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C .	Change Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
13. I hereby of indicated of the corchanged,	certify that the information supplied with on this report or supplemental report is poration or the occiver of trustee empo or on an attachment with an address, w	this filing does not qualify for true and accurate and that wered to execute this repor with all other like empowered	or the exemption stated in S my signature shall have the t as required by Chapter 60 d.	section 119.07(3)(i), Florida Statutes, I further certife same legal effect as if made under oath; that I am 17, Florida Statutes; and that my name appears in	y that the information 1 an officer or director Block 11 or Block 12 if			

