

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90055 035 ***150.00

009427 AV

DOCUMENT # 653348

1. Entity Name

KENT CONSTRUCTION COMPANY, INC.

Principal Place of Business

Mailing Address

**943 INDUSTRIAL DRIVE
 CHIPLEY FL 32428
 US**

**943 INDUSTRIAL DRIVE
 CHIPLEY FL 32428
 US**

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

59-1981584

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

KENT, RONNIE R

~~1861 BETHLAHAM RD~~

~~ALFORD FL 32428~~

Name

Ronnie Kent

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

5149 Peanut Rd

City

Graceville

FL

Zip Code

32440

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

3-15-02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PD
 KENT, RONNIE R
~~1861 BETHLAHAM ROAD~~
 ALFORD FL** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**Ronnie Kent
 5149 Peanut Rd
 Graceville, Fl 32440** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
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 CITY-ST-ZIP ☐ Delete

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

3-21-02 8506384285

Date

Daytime Phone #

CR2E034 (9/01)