

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 654260

1. Entity Name

KENSINGTON ASSET MANAGEMENT, INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90061 014 ***158.75

Principal Place of Business

Mailing Address

4602 LAVER CT
TAMPA FL 33624

P.O. BOX 270474
TAMPA FL 33688-0474

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1970792**

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

7. Name and Address of New Registered Agent

ARCHIBALD, GERALD K.
13303 N DALE MABRY, SUITE A
TAMPA FL 33618

Name

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

1300 PINEHURST DRIVE

City

SPRING HILL

FL

Zip Code

34606

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, 2000 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 **P** ☐ Delete
NAME **ARCHIBALD, GERALD K**
STREET ADDRESS **13303 N. DALE MABRY STE. A**
CITY-ST-ZIP **TAMPA FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4602 LAVER CT**
CITY-ST-ZIP **TAMPA, FL 33624**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)