

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A14962
Entity Name
KENCO, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 13 AM 10:03

Principal Place of Business
5414 GEORGIA AVENUE
WEST PALM BEACH FL 33405

Mailing Address
5414 GEORGIA AVENUE
WEST PALM BEACH FL 33405-3522



Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2305910
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
KENDALL, TIMOTHY W
5414 GEORGIA AVE.
W. PALM BEACH FL 33405

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

Capital Contributions as Shown on record. \$1,580,000.00
10. Amount of Capital Contributions in FLORIDA to date.
11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY	
DOCUMENT #	KENDALL, KENNETH W 5414 GEORGIA AVE. WEST PALM BEACH FL 33405	STREET ADDRESS	rf 3/21/00	
VE				
REET ADDRESS	KENDALL, TIMOTHY W 5414 GEORGIA AVE. WEST PALM BEACH FL 33405	STREET ADDRESS	000003178680--9 -03/21/00--01113--009 ***526.25 ***526.25	
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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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: 3/9/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CP2E003 (9/99)