

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000001248

1. Entity Name

KENT INVESTMENT OF WASHINGTON CORP.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90044 022 ***150.00

Principal Place of Business 9625 153RD AVENUE NE REDMOND WA 98052 US	Mailing Address SUITE 288-C 16541 REDMOND WAY REDMOND WA 98052-4492
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 250 Hwy. 62 West Suite, Apt. #, etc.	3. Mailing Address P.O. Box 279 Suite, Apt. #, etc.
City & State Ash Flat, AR	City & State Ash Flat, AR
Zip 72513	Country US

4. FEI Number 91-1513706	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**ARNDT, HELMUT
15254 WESTMINSTER
CLEARWATER FL 34620**

7. Name and Address of New Registered Agent

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 _____ (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	
TITLE VP	<input checked="" type="checkbox"/> Delete
NAME KENT, LINDA	
STREET ADDRESS 16541 REDMOND WAY, #288-C	
CITY-ST-ZIP REDMOND WA 98052	
TITLE V	<input type="checkbox"/> Delete
NAME BOUTELL, DENISE	
STREET ADDRESS 6 COOPERS RUN CT	
CITY-ST-ZIP ELLIOTT CITY MD 21043	
TITLE C.	<input checked="" type="checkbox"/> Delete
NAME KENT, WILLIE	
STREET ADDRESS 16541 REDMOND WAY, #288-C	
CITY-ST-ZIP REDMOND WA 98052	
TITLE P	<input checked="" type="checkbox"/> Delete
NAME KENT, STEVEN R.	
STREET ADDRESS 16541 REDMOND WAY, #288-C	
CITY-ST-ZIP REDMOND WA	
TITLE VP	<input type="checkbox"/> Delete
NAME Jarrard, David	
STREET ADDRESS 2328 S. Classen	
CITY-ST-ZIP Norman, OK 73071	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Kent, Linda	
STREET ADDRESS 11 Sequayah Ridge Road	
CITY-ST-ZIP Cherokee Village, AR 72529	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Kent, Willie	
STREET ADDRESS 20802 SE 20th Street	
CITY-ST-ZIP Issaquah, WA 98029	
TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Kent, Steven R.	
STREET ADDRESS 19 Oniatara Lane	
CITY-ST-ZIP Cherokee Village, AR 72513	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *Linda J. Kent*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/12/00 Daytime Phone #: (870) 994-3535

CR2E034 (9/97)