

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F95000001378**

1. Entity Name

KENNEDY ENTERPRISES OF STILLWATER INC**FILED****Jan 30, 2001 8:00 am**
Secretary of State

01-30-2001 90134 034 ***150.00

Principal Place of Business

KENNEDY BUILDERS INC
1200 NIGHTINGALE BLVD
STILLWATER MN 55082

Mailing Address

KENNEDY BUILDERS INC
1200 NIGHTINGALE BLVD
STILLWATER MN 55082

2. Principal Place of Business

1900 W. Tower Drive

Suite, Apt. #, etc.

3. Mailing Address

1900 W. Tower Drive

Suite, Apt. #, etc.

City & State

Stillwater, MN

City & State

Stillwater, MN

Zip

55082

Country

USA

Zip

55082

Country

USA

4. FEI Number

41-1580928

Applied For

Not Applicable

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

MENDLIK, IMOJEAN
4249 TAHITI DR
SPRING HILL FL 34607

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

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	PS KENNEDY, RAYMOND A 1200 NIGHTINGALE BLVD. STILLWATER MN 55082	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT KENNEDY, PATRICIA A 1200 NIGHTINGALE BLVD. STILLWATER MN 55082	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

Raymond Andrew Kennedy **Raymond Andrew Kennedy** 1/15/01 434-0419

Date

Daytime Phone #

CR2E034 (10/00)