

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004079

1. Entity Name

KENNEDY MORTGAGE CORP.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90311 049 ***150.00

Principal Place of Business

Mailing Address

~~1455 E. TROPICANA AVE., STE 550~~
 LAS VEGAS NV 89119

~~1455 E. TROPICANA AVE., STE 550~~
 LAS VEGAS NV 89119-6592

2. Principal Place of Business

4220 S. MARYLAND PKWY

3. Mailing Address

SAME

Suite, Apt. #, etc.

#100

Suite, Apt. #, etc.

City & State

LAS VEGAS, NEVADA

City & State

4. FEI Number

88-0320245

Applied For

Not Applicable

Zip

89119

Country

CLARK

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

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

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

TITLE	PSD	<input type="checkbox"/> Delete
NAME	KENNEDY, KEITH W	
STREET ADDRESS	1455 EAST TROPICANA AVE., STE 550	
CITY-ST-ZIP	LAS VEGAS NV President	
TITLE	Keith W. Kennedy	<input type="checkbox"/> Delete
NAME	4220 S. MARYLAND PKWAY #100	
STREET ADDRESS	LAS VEGAS, NV 89119	
CITY-ST-ZIP		
TITLE	RAYMOND G. DAVID	<input type="checkbox"/> Delete
NAME	SAME -	
STREET ADDRESS	SECRETARY - V.P.	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: *Raymond G. David*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RAYMOND G. DAVID 3/20/2000 798-8474

CR: 1 014 (9/99)