

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90637 009 ***150.00

DOCUMENT # G55404

1. Entity Name

KAVANAUGH ENTERPRISES, INC.

Principal Place of Business

Mailing Address

% O. STEPHEN THACKER
 407 SOUTH EWING AVENUE P.O. BOX 1808
 CLEARWATER FL 34617-1808
 US

% O. STEPHEN THACKER
 407 SOUTH EWING AVENUE P.O. BOX 1808
 CLEARWATER FL 34617-1808
 US

2. Principal Place of Business
 Mr. & Mrs. Ralph Kavanagh
 2537K Royal Pines Circle
 Suite, Apt. B1
 Clearwater, Florida 33763

3. Mailing Address
 Mrs. & Mrs. Ralph Kavanagh
 2537K Royal Pines Circle
 Suite, Apt. B1
 Clearwater, Florida 33763

CI



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number **59-2313968**

Applied For
 Not Applicable

Zip

Country

USA

Zip

Country

USA

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

THACKER, O. STEPHEN
 407 SOUTH EWING AVENUE
 CLEARWATER FL 34617

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

Ralph G. Kavanagh, **PRESIDENT** **4-23-01**

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 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	PD	<input type="checkbox"/> Delete
NAME	KAVANAUGH, RALPH	
STREET ADDRESS	2537K ROYAL PINES CIR.	
CITY-ST-ZIP	CLEARWATER FL.	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KAVANAUGH, ROSE	
STREET ADDRESS	2537K ROYAL PINES CIR.	
CITY-ST-ZIP	CLEARWATER FL.	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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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:

Ralph G. Kavanagh

5-16-01

727-797-2098

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)