## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 31, 2002 8:00 am Secretary of State DOCUMENT # G77545 1. Entity Name 01-31-2002 90089 001 \*\*\*150.00 KENNETH HUNTER ENTERPRISES, INC. Principal Place of Business Mailing Address 3356 PERIMETER DRIVE 3356 PERIMETER DRIVE LAKE WORTH FL 33467 LAKE WORTH FL 33467 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2350103 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired -- . 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **HUNTER, ELAINE** Street Address (P.O. Box Number is Not Acceptable) 3356 PERIMETER DRIVE LAKE WORTH FL 33467 Zip Code City FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE. ☐ Change Addition HUNTER, KENNETH NAME NAME STREET ADDRESS 3356 PERIMETER DR. STREET ADDRESS LAKE WORTH FL CITY-ST-7IP CITY-ST-7IP TITLE DSV ☐ Delete TITLE ☐ Change Addition **HUNTER, ELAINE** NAME STREET ADDRESS STREET ADDRESS 3356 PERIMETER DR. CITY-ST-ZIP LAKE WORTH FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME HUNTER, HARRY E. STREET ADDRESS STREET ADDRESS 930 STUTVESANT AVENUE CITY-ST-7IP CITY-ST-ZIP UNION NJ ☐ Delete TITLE ☐ Change ☐ Addition DVP NAME HUNTER, NEIL S. NAME STREET ADDRESS STREET ADDRESS 209 TRICE TOWNRD CITY-ST-ZIP CITY-ST-ZIP OLD BRIDGE NJ ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 FICER OR DIRECTOR HUNTER 1/16/02 (561) 439-4938
FICER OR DIRECTOR Date Daytime Phone #

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

**FILED** 

CR2E034 (9/01