

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90201 007 ***150.00

UNIFORM UBR

DOCUMENT # G77545

1. Entity Name
KENNETH HUNTER ENTERPRISES, INC.



Principal Place of Business
**3356 PERIMETER DRIVE
LAKE WORTH FL 33467**

Mailing Address
**3356 PERIMETER DRIVE
LAKE WORTH FL 33467**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2350103**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUNTER, ELAINE
3356 PERIMETER DRIVE
LAKE WORTH FL 33467**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	HUNTER, KENNETH	
STREET ADDRESS	3356 PERIMETER DR.	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	DSV	<input type="checkbox"/> Delete
NAME	HUNTER, ELAINE	
STREET ADDRESS	3356 PERIMETER DR.	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	DTV	<input type="checkbox"/> Delete
NAME	HUNTER, HARRY E.	
STREET ADDRESS	930 STUTVESANT AVENUE	
CITY-ST-ZIP	UNION NJ	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	HUNTER, NEIL S.	
STREET ADDRESS	209 TRICE TOWNRD	
CITY-ST-ZIP	OLD BRIDGE NJ	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE OF THE REGISTERED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/20/03 Daytime Phone #: (561) 439-4928

CR2E034 (10/02)