

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90030 039 ***158.75

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DOCUMENT # H33359

1. Entity Name

ROGER KENNEDY CONSTRUCTION, INC.

Principal Place of Business

**270 S. NORTH LAKE BLVD.
 STE 1008
 ALTAMONTE SPRINGS FL 32701
 US**

Mailing Address

**270 S. NORTH LAKE BLVD.
 STE. 1008
 ALTAMONTE SPRINGS FL 32701
 US**



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2479056

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**KNADLE, MICHAEL D.
 270 S. NORTH LAKE BLVD.
 STE 1008
 ALTAMONTE SPRINGS FL 32701**

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, 2002 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	PD	<input type="checkbox"/> Delete
NAME	KNADLE, MICHAEL D.	
STREET ADDRESS	270 S. NORTH LAKE BLVD., STE. 1008	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	VDT	<input type="checkbox"/> Delete
NAME	KENNEDY, ROGER B.	
STREET ADDRESS	270 S. NORTH LAKE BLVD., STE. 1008	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	KENNEDY, JR. R	
STREET ADDRESS	270 S. NORTH LAKE BLVD., STE. 1008	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BARON, PHILLIP G	
STREET ADDRESS	270 S. NORTH LAKE BLVD., STE 1008	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	VPC	<input type="checkbox"/> Delete
NAME	THEROUX, DEBORAH A	
STREET ADDRESS	270 S NORTH LAKE BLVD STE 1008	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
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:

Deborah A. Theroux V.P.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/6/02 (407) 831-1809

CR2E034 (9/01)