

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **H 88 317**  
 1. Entity Name  
**KENT INTEGRATED SCIENTIFIC SYSTEMS, INC**

Principal Place of Business  
**12515 SUGAR PINE WAY**  
**TAMPA FL 33624**

Mailing Address  
**12515 SUGAR PINE WAY**  
**TAMPA FL 33624**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent  
**POTTS, BETTE K**  
**2149 MCGREGOR BLVD #1**  
**SUITE 500**  
**FT MYERS FL 33901**

4. FEI Number  
**59-2636058**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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  
 Signed, 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KENT, DR. KEITH</b>	
STREET ADDRESS	<b>12515 SUGAR PINE WAY</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>PST</b>	<input type="checkbox"/> Delete
NAME	<b>KENT, C. RENEE</b>	
STREET ADDRESS	<b>12515 SUGAR PINE WAY</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>AP</b>	<input type="checkbox"/> Delete
NAME	<b>MILLER, GEORGE</b>	
STREET ADDRESS	<b>736 GOULD AVE., #18</b>	
CITY-ST-ZIP	<b>HERMOSA BCH. CA</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>POTTS, BETTE K</b>	
STREET ADDRESS	<b>2149 MCGREGOR BLVD. #1 SUITE 50</b>	
CITY-ST-ZIP	<b>FT. MYERS FL 33901</b>	
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		

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: **Keith Kent** **Keith Kent** **Chairman** **4/29/02** **813 962 2703**

FILED

02 MAY -1 AM 10: 29

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)