

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J74773

1. Entity Name

KERNS CONSTRUCTION, INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90030 017 ***150.00

Principal Place of Business

Mailing Address

2720 WINDSOR AVE
WEST PALM BEACH FL 33407
US

2720 WINDSOR AVE
WEST PALM BEACH FL 33407-5339
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2808152**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

KERNS, ROBERT DENNIS
2720 WINDSOR AVE
WEST PALM BEACH FL 33407

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, 2000 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 **P** ☐ Delete
NAME **KERNS, ROBERT DENNIS**
STREET ADDRESS **105 PARADISE HARBOR BLVD, #402**
CITY-ST-ZIP **NORTH PALM BEACH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **HOUSTON, JOSEPH F**
STREET ADDRESS **1066 SW 25TH WAY**
CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **554 GREEN SPRINGS PL.**
CITY-ST-ZIP **WEST PALM BEACH, FL 33409**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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:

R. Dennis Kerns
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/06/2000
Date

561-835-0963
Daytime Phone #

CR2E034 (9/99)