

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State
 03-27-2001 90048 041 ***150.00

DOCUMENT # J74773

1. Entity Name
KERNS CONSTRUCTION, INC.

Principal Place of Business Mailing Address
2720 WINDSOR AVE 2720 WINDSOR AVE
WEST PALM BEACH, FL 33407 WEST PALM BEACH FL 33407
US US

818459



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2808152		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$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	

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 _____ (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. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERNS, ROBERT DENNIS	NAME	Kerns, Robert Dennis
STREET ADDRESS	105 PARADISE HARBOR BLVD, #402	STREET ADDRESS	105 Paradise Harbour Blvd, #402
CITY-ST-ZIP	NORTH PALM BEACH FL	CITY-ST-ZIP	North Palm Beach, FL 33408
TITLE	V <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUSTON, JOSEPH F	NAME	Houston, Joseph F.
STREET ADDRESS	554 GREEN SPRINGS PL	STREET ADDRESS	1190 Sugar Sands Blvd, #618
CITY-ST-ZIP	WEST PALM BEACH FL 33409	CITY-ST-ZIP	Singer Island, FL 33404
TITLE	<input type="checkbox"/> Delete	TITLE	S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Kerns, Kevin Dennis
STREET ADDRESS		STREET ADDRESS	465 Los Altos Road
CITY-ST-ZIP		CITY-ST-ZIP	Palm Springs, FL 33461
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Robert Dennis Kerns* **3/21/01** **561-835-0963**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)