

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K59829

1. Entity Name

KEN MOR CONSTRUCTION AND DEVELOPMENT CORPORATION

Principal Place of Business

2685 CHYNN AVENUE
NORTH PORT FL 34286
US

Mailing Address

P.O. BOX 380421
MURDOCK FL 33938-0421
US

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 65-0124652

Applied For

Not Applicable

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

MORRIS, KENT R.
18252 ACKERMAN AVENUE
PORT CHARLOTTE FL 33948

Name

KENT R. MORRIS

Street Address (P.O. Box Number is Not Acceptable)

2685 CHYNN AVENUE

City

NORTH PORT

FL

Zip Code
34286

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)

APRIL 14, 2001

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, 2001 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 PTD ☒ Delete
NAME MORRIS, KENT R.
STREET ADDRESS 18252 ACKERMAN AVENUE
CITY-ST-ZIP PT CHARLOTTE FL 33948

TITLE PTD ☒ Change ☐ Addition
NAME KENT R. MORRIS
STREET ADDRESS 2685 CHYNN AVENUE
CITY-ST-ZIP NORTH PORT, FL 34286

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 14, 2001 941-627-6823

Date

Daytime Phone #

CR2E034 (10/00)