2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K59829 1. Entity Name

Tax filing requirement and elects to do so.

(See criteria on back)

KEN MOR CONSTRUCTION AND DEVELOPMENT CORPORATION

Principal Place of Business 2685 CHYNN AVENUE

Suite, Apt. #, etc.

City & State

Mailing Address P.O. BOX 380421

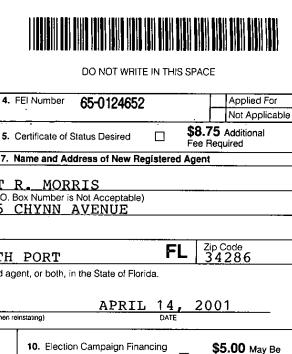
Suite, Apt. #, etc.

City & State

	NORTH PORT FL 34285 US	MURDOCK FL 33938-0421 US
١	2. Principal Place of Business	3. Mailing Address

FILED May 03, 2001 8:00 am Secretary of State

05-03-2001 90984 040 ***150.00



Trust Fund Contribution.

Σιμ	Country	Zip ,	Country	5. Certificate of Status Desired	ı 🗆	\$8.75 Additional Fee Required		
	Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered Agent				
MORRIS, KENT R. 18252 ACKERMAN AVENUE PORT CHARLOTTE FL 33948			Street Add	KENT R. MORRIS Street Address (P.O. Box Number is Not Acceptable) 2685 CHYNN AVENUE				
			City	NORTH PORT	F	L Zip Code 34286		
8. The above nam	ed entity submits this statement	for the purpose of changi	ng its registered office or re	egistered agent, or both, in the State of I	Florida.			
SIGNATURE	Table The State of	and title if applicable.	(NOTE: Registered Agent signature	APR required when reinstating)	IL 14			
9. This corporation	in is eligible to satisfy its Intangil	le FILE N	OW!!! FEE IS \$150.00					

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PTD TITLE X Delete PTD Change ☐ Addition MORRIS, KENT R. NAME NAME KENT R. MORRIS STREET ADDRESS 18252 ACKERMAN AVENUE STREET ADDRESS 2685 CHYNN AVENUE CITY-ST-ZIP PT CHARLOTTE FL 33948 CITY-ST-ZIP NORTH PORT, FL 34286 TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition 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.

Added to Fees