

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K61841

1. Entity Name

KEN-NEL ENTERPRISES, INCORPORATED

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90138 011 ***150.00

Principal Place of Business

RT 2 BOX 178F
MONTICELLO FL 32344

Mailing Address

RT 2 BOX 178F
MONTICELLO FL 32344-9537

2. Principal Place of Business

RT 2 Box 178F

3. Mailing Address

RT 2 Box 178F

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Monticello, FL

City & State
Monticello, FL

4. FEI Number 59-2937691

Applied For
Not Applicable

Zip 32344 Country JEFFERSON

Zip 32344 Country JEFFERSON

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

THIEL, KENNETH
RT 2 BOX 178F
MONTICELLO FL 32344

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 DPT ☐ Delete
NAME THIEL, KENNETH
STREET ADDRESS RR 2 BOX 178F FULFORD RD
CITY-ST-ZIP MONTICELLO FL

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

TITLE DVS ☐ Delete
NAME THIEL, NELDA
STREET ADDRESS RR 2 BOX 178F FULFORD RD
CITY-ST-ZIP MONTICELLO FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

Nelda Thiel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00
Date

656-1472
Daytime Phone #

CR2E034 (9/99)