

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K61968

1. Entity Name

KEN CUNNINGHAM, INC.

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90094 049 ***163.75

Principal Place of Business

Mailing Address

74 N.E. 103RD STREET
MIAMI SHORES FL 33138

74 N.E. 103RD STREET
MIAMI SHORES FL 33138

MOVED - TO LAKE PLACID FL

2. Principal Place of Business

3. Mailing Address

1546 SPRING LANE

1546 SPRING LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

HOME

HOME



DO NOT WRITE IN THIS SPACE

City & State

City & State

LAKE PLACID FL

LAKE PLACID FL

Zip

Country

Zip

Country

33852

HIGHLANDS

33852

HIGHLANDS

6. Name and Address of Current Registered Agent

4. FEI Number

65-0096806

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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, 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 P
NAME CUNNINGHAM, KEN
STREET ADDRESS 74 N.E. 103RD STREET
CITY-ST-ZIP MIAMI SHORES FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST
NAME CUNNINGHAM, MARIA B.
STREET ADDRESS 74 N.E. 103RD STREET
CITY-ST-ZIP MIAMI SHORES FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 another like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-11-01 (863) 465-6323

0378950

CR2E034 (10/00)