

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90163 039 ***163.75

DOCUMENT # K61968

1. Entity Name
KEN CUNNINGHAM, INC.



Principal Place of Business
1546 SPRING LANE
HOME
LAKE PLACID FL 33852

Mailing Address
1546 SPRING LANE
HOME
LAKE PLACID FL 33852



2. Principal Place of Business

1546 SPRING LANE

Suite, Apt. #, etc.

HOME

3. Mailing Address

1546 SPRAIN LANE

Suite, Apt. #, etc.

HOME

☐ CHECK HERE IF MAKING CHANGES

City & State

LAKE PLACID, FL

City & State

LAKE PLACID FL

4. FEI Number

65-0096806

Applied For

Not Applicable

Zip

33852

Country

HIGHLANDS

Zip

33852

Country

HIGHLANDS

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CUNNINGHAM, KEN
74 N.E. 103RD STREET
MIAMI SHORES FL 33138

7. Name and Address of New Registered Agent

Name

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

NONE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☒

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ken Cunningham* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/03 **(863-465-6323)**
Date Daytime Phone #

CR2E034 (10/02)