

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90030 005 ***150.00

DOCUMENT # K62250

1. Entity Name
NEW-KEN ENTERPRISES, INC.

Principal Place of Business

13132 SPRING HILL DR
 SPRING HILL FL 34609-359
 US

Mailing Address

13132 SPRING HILL DR
 SPRING HILL FL 34609-359
 US

646777



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12207 BUCKINGHAM WAY
 Suite, Apt. #, etc.

3. Mailing Address

12207 BUCKINGHAM WAY
 Suite, Apt. #, etc.

City & State

SPRING HILL, FL

City & State

SPRING HILL, FL

4. FEI Number

59-2929323

Applied For

Not Applicable

Zip

34609

Country

FLORIDA

Zip

34609

Country

FLORIDA

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

ADRAGNA, ANTHONY
 13132 SPRING HILL DR
 SPRING HILL FL 34609

Name

ADRAGNA ANTHONY

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

12207 BUCKINGHAM WAY

City

SPRING HILL

FL

Zip Code

34609

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

Anthony Adragna
 Signature, typed or printed name of registered agent and title

ANTHONY ADRAGNA
 (NOTE: Registered Agent signature required when reinstating)

4/12/01
 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	PD	<input type="checkbox"/> Delete
NAME	ADRAGNA, ANTHONY	
STREET ADDRESS	3062 GULF WINDS CIR	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ADRAGNA, JANET	
STREET ADDRESS	3062 GULF WINDS CIR	
CITY-ST-ZIP	SPRING HILL FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADRAGNA, ANTHONY	
STREET ADDRESS	12207 BUCKINGHAM WAY	
CITY-ST-ZIP	SPRING HILL, FL 34609	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADRAGNA, JANET	
STREET ADDRESS	12207 BUCKINGHAM WAY	
CITY-ST-ZIP	SPRING HILL, FL 34609	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Anthony Adragna
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTHONY ADRAGNA 4/12/01 352-683-2482
 Date Daytime Phone #

CR2E034 (10/00)