2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)					FILED Jan 21, 2003 8:00 am	
DOCUMENT # L25449 1. Entity Name KENSINGTON HOMES, INC.					Secretary of State 01-21-2003 90171 003 ***150.00	
Principal Place of Business 5900 IMPERIALAKES BLVD. MULBERRY FL 33860		Mailing Address P.O. BOX 6308 LAKELAND FL 33807 US				
	Place of Business Hwy 9.8 S., Bldg A #, etc.	3. Mailing Address 3375 Hwy Suite, Apt. #, etc. Bldg. A	98 S.,		CHECK HERE IF MAKING CHANGES	
City & Stat		City & State Lakeland, F	1 22902		4. FEI Number 65-0177475 Applied For Not Applicable	
Zip 3.38	land, Fl 33803	Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			Name		7. Name and Address of New Registered Agent	
WARREN, KENNETH B 5900 IMPERIAL LAKES BLVD MULBERRY FL 33860			Street Add	Warren, Kenneth B Street Address (P.O. Box Number is Not Acceptable) 3375 Hwy. 98 South - Bldg. A		
molber ii	01/		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						
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Trust Fund Contribution.						
10.	OFFICERS AND		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WARREN, KENNETH 5900 IMPERIALAKES BLVD. MULBERRY FL 33860	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3	President ☐ Change ☐ Addition Warren, Kenneth X 3375 Hwy. 98 South, Bldg. A Lakeland, Fl 33803	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MASTERTON, STEPHEN F 5900 IMPERIALAKES BLVD. MULBERRY FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3	VP Masterton, Stephen F x 3375 Hwy. 98 South, Bldg. A Lakeland, Fl 33803	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete - · · ·	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ÿ	Change Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
12. I hereby of indicated of the corchanged,	certify that the information applied with on this report or supplemental report is poration or the receive for trusteel empo or on an attagnment with an addless, v	this fling does not qualify for th true and accurate and that my wered a execute this report as with all other like empowered.	e exemption stated signature shall have required by Chapte	d in Sect e the sa er 607, l	tion 119.07(3)(i), Florida Statutes. I further certify that the information time legal effect as if made under oath; that I am an officer or director Florida Statutes; and that my name appears in Block 10 or Block 11 if	

SIGNATURE: