

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L37171

1. Entity Name

KEN MAR AND COMPANY, INC.

Principal Place of Business

6215-E 29TH STREET EAST
BRADENTON FL 34203
US

Mailing Address

6215-E 29TH STREET EAST
BRADENTON FL 34203
US

2. Principal Place of Business

3820 71ST TERR. EAST
Suite, Apt. #, etc.

3. Mailing Address

3820 71ST TERR. EAST
Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34243

Country

MANATEE

City & State

SARASOTA, FL

Zip

34243

Country

MANATEE

6. Name and Address of Current Registered Agent

FETTERMAN, JAMES C.
515 SOUTH WASHINGTON BLVD.
SARASOTA FL 34236

4. FEI Number 65-0165004

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name FETTERMAN, JAMES C.
Street Address (P.O. Box Number is Not Acceptable)
4521 BEE RIDGE RD
SUITE A
City SARASOTA FL Zip Code 34233

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO COWAN, KENNETH R. 3820 71ST TERR. E. SARASOTA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COWAN, MARIJA 3820 71ST TERR. E. SARASOTA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COWAN, RAY K. 195 SUNSHINE HILLS LONDON KY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COWAN, NORMA J. 195 SUNSHINE HILLS LONDON KY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EGEDUS, NIKOLA 5334 WEST DEMING PLACE CHICAGO IL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 40744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 40744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 60639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Kenneth R. Cowan, CEO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90085 044 ***150.00

C0065407



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)