


**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L73142				✓			
1. Entity Name KENDALL NORTH, INC.							
Principal Place of Business % CARL KENDALL P.O. BOX 2600 KEY LARGO, FL 33037				Mailing Address % CARL KENDALL P.O. BOX 2600 KEY LARGO, FL 33037			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 65-0284132				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				8. \$5.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KENDALL, CARL D 21 SEXTON COVE RD. KEY LARGO, FL 33037				7. Name and Address of New Registered Agent Name: Kendall, Doris Street Address (P.O. Box Number is Not Acceptable): 21 Sexton Cove Rd City: Key Largo FL Zip Code: 33037			
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: <i>Doris Kendall</i> Doris Kendall Date: 4/25/03							
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>				85.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11-			
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	KENDALL, CARL		NAME				
STREET ADDRESS	21 SEXTON COVE RD		STREET ADDRESS				
CITY-ST-ZIP	KEY LARGO, FL 33037		CITY-ST-ZIP				
TITLE	BY	<input type="checkbox"/> Delete	TITLE	P.S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KENDALL, DORIS		NAME	Kendall, Doris			
STREET ADDRESS	21 SEXTON COVE RD		STREET ADDRESS	21 Sexton Cove Rd			
CITY-ST-ZIP	KEY LARGO, FL 33037		CITY-ST-ZIP	Key Largo, FL 33037			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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: <i>Doris Kendall</i> Doris Kendall				Date: 4/25/03 305 457-0282			

CREATED BY (10/02)