

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M97351**

1. Entity Name

KENRAYED CORPORATION

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90104 036 ***150.00

Principal Place of Business

Mailing Address

3012 WILDERNESS BLVD. WEST PARRISH FL 34219

3012 WILDERNESS BLVD. WEST PARRISH FL 34219

2. Principal Place of Business

3012 Wilderness Blvd West
Suite, Apt. #, etc.

3. Mailing Address

3012 WILDERNESS BLVD WEST
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PARRISH FLORIDA

City & State

PARRISH FLORIDA

4. FEI Number

59-2913691

Applied For

Not Applicable

Zip

34219

Country

USA

Zip

34219

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VERZYL, EDWIN
3012 WILDERNESS BLVD., WEST
PARRISH FL 34219

7. Name and Address of New Registered Agent

Name

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

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.

SIGNATURE

[Signature] **PRERIDENT**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/11/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	VPD	<input checked="" type="checkbox"/> Delete
NAME	VERZYL, ROBERT	
STREET ADDRESS	3 FERNERY LANE	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	PD	<input type="checkbox"/> Delete
NAME	VERZYL, EDWIN	
STREET ADDRESS	3 FERNERY LANE	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VERZYL, ELISABETH	
STREET ADDRESS	3 FERNERY LANE	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERZYL, ROBERT	
STREET ADDRESS	3012 WILDERNESS BLVD WEST	
CITY-ST-ZIP	PARRISH, FL 34219	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERZYL, EDWIN	
STREET ADDRESS	3012 WILDERNESS BLVD WEST	
CITY-ST-ZIP	PARRISH, FL 34219	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERZYL, ELISABETH	
STREET ADDRESS	3012 WILDERNESS BLVD WEST	
CITY-ST-ZIP	PARRISH, FL 34219	
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		
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/11/00 (941) 776-0767
Daytime Phone #

CR2E034 (9/99)