

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 04, 2002 8:00 am  
Secretary of State

02-04-2002 90005 028 \*\*\*150.00

DOCUMENT # P00000014210

1. Entity Name

KENT CCTV CO.

Principal Place of Business

3808 Belle Grande Dr  
4048 W. KENNEDY BLVD., PMB 648  
TAMPA FL 33609  
Valrico, FL 33594

Mailing Address

4048 W. KENNEDY BLVD., PMB 648  
TAMPA FL 33609  
3808 Belle Grande Dr  
Valrico, FL 33594

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

59-3486615

Applied For

Not Applicable

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

KENT, RONALD

4048 W. KENNEDY BLVD., PMB 648

TAMPA FL 33609

Name

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

3808 Belle Grande Dr

City

Valrico, FL

FL

Zip Code

33594

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, 2002 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	P	<input type="checkbox"/> Delete
NAME	KENT, GINA S	
STREET ADDRESS	4048 W. KENNEDY BLVD	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	S	<input type="checkbox"/> Delete
NAME	KENT, RONALD	
STREET ADDRESS	4048 W. KENNEDY BLVD	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3808 Belle Grande Dr
CITY-ST-ZIP	Valrico, FL 33594
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3808 Belle Grande Dr
CITY-ST-ZIP	Valrico, FL 33594
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/02

8006044869

CR2E034 (9/01)