


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

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90127 035 \*\*\*150.00

DOCUMENT # **P00000052208**

1. Entity Name  
**H d K CONSTRUCTION & ROOFING INC**



**DO NOT WRITE IN THIS SPACE**

**90072966**

2. Principal Place of Business  
**139 EXECUTIVE CIRCLE**

3. Mailing Address  
**139 EXECUTIVE CIRCLE**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**BOYNTON BEACH FL 33436**

City & State  
**BOYNTON BEACH FL**

4. FEI Number  
**65-1009937**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Zip  
**33436**

Country  
**U.S.A.**

Zip  
**33436**

Country

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
**THIERRY HARDY**

Street Address (P.O. Box Number is Not Acceptable)  
**2510 SW 12th STREET**

**BOYNTON BEACH**

City  
**BOYNTON BEACH**

FL Zip Code  
**33426**

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 *Martin C Kenyon* **04-03-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPST HARDY, THIERRY 2510 SW 12th STREET BOYNTON BEACH, FL 33426</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VM KENYON, MARTIN C. 139 EXECUTIVE CIRCLE BOYNTON BEACH, FL 33436</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Martin C Kenyon* **04-03-03 (561) 602-3132**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)