

# 2001 UNIFORM BUSINESS REPORT (UBR)

2/21

**FILED**  
**Mar 07, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90022 018 \*\*\*150.00

**DOCUMENT # P00000054056**

1. Entity Name

**HOWARD AND BETSY KENT, INC.**

Principal Place of Business

7822 N W 68TH TERRACE  
TAMARAC FL 33321

Mailing Address

7822 N W 68TH TERRACE  
TAMARAC FL 33321

2. Principal Place of Business

7705 Ashmont Circle  
Suite, Apt. #, etc.

3. Mailing Address

7705 Ashmont Circle  
Suite, Apt. #, etc.

City & State

TAMARAC, FL

City & State

TAMARAC, FL

4. FEI Number

65-1029018

Applied For

Not Applicable

Zip

33321

Country

Broward

Zip

33321

Country

Broward

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KENT, BETSY  
7822 N W 68TH TERRACE  
TAMARAC FL 33321

7. Name and Address of New Registered Agent

Name: Howard + Betsy Kent Inc. Betsy Kent  
Street Address (P.O. Box Number is Not Acceptable)  
7705 Ashmont Circle  
City: TAMARAC FL Zip Code: 33321

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

*Betsy Kent*

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

(NOTE: Registered Agent signature required when reinstating)

2/18/01

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	D	<input type="checkbox"/> Delete
NAME	KENT, BETSY	
STREET ADDRESS	7822 N W 68TH TERRACE	
CITY-ST-ZIP	TAMARAC FL 33321	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Kent, Betsy	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7705 Ashmont Circle	
STREET ADDRESS	TAMARAC, FL 33321	
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		
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:

*Betsy Kent, President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/01 (954) 673-3950

Date Daytime Phone

CR2E034 (10/00)