


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

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90208 040 ***150.00

DOCUMENT # <u>P00000077JP</u> 1. Entity Name <u>Kent Builders, Inc</u>	
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>6267 Midnight Pass Rd.</u> Suite, Apt. #, etc. <u>#402</u> City & State <u>Sarasota, FL</u> Zip <u>34242</u>	3. Mailing Address <u>6267 Midnight Pass Rd.</u> Suite, Apt. #, etc. <u>#402</u> City & State <u>Sarasota, FL</u> Zip <u>34242</u>
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4. FEI Number <u>65-1029587</u>	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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<p align="center">DO NOT WRITE IN THIS SPACE</p>	7. Name and Address of Current Registered Agent Name <u>Levitt, Sandy</u> Street Address (P.O. Box Number is Not Acceptable) <u>2201 Ringling Blvd. Ste 203</u> City <u>Sarasota, FL</u> <u>FL</u> Zip Code <u>34237</u>
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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
STREET ADDRESS	<u>D STATLAND, NORMAN</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>6267 Midnight Pass Rd.</u>	CITY-ST-ZIP	
	<u>Sarasota, FL 34242</u>		
TITLE	NAME	TITLE	NAME
STREET ADDRESS	<u>D Eble, Edward K</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>3537 Hineola Drive</u>	CITY-ST-ZIP	
	<u>Sarasota, FL 34239</u>		
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 information.

SIGNATURE: Norman Statland NORMAN STATLAND 5/7/03 941-349-2597
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)