

FILED  
May 01, 2002 8:00 am  
Secretary of State

02-10-2002 90034 049 \*\*\*150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000074754

1. Entity Name  
KENINTISH, INC.

CORRECTION: KENTISH, INC

Principal Place of Business Mailing Address  
9308 OLD PASCO ROAD 9308 OLD PASCO ROAD  
WESLEY CHAPLE FL 33544 WESLEY CHAPLE FL 33544



DO NOT WRITE IN THIS SPACE

30-0058793

2. Principal Place of Business 3. Mailing Address  
6339 Gentle Ben Circle 6339 Gentle Ben Circle  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Wesley Chapel, FL Wesley Chapel, FL  
Zip Country Zip Country  
33544 PASCO 33544 PASCO

4. FEI Number APPLIED FOR  
30-0058793 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
RUSSELL, G.H. JR  
9308 OLD PASCO ROAD  
WESLEY CHAPLE FL 33544

7. Name and Address of New Registered Agent  
Name: LISA K. KENTISH  
Street Address (P.O. Box Number is Not Acceptable)  
6339 Gentle Ben Circle  
Wesley Chapel, FL  
City: FL Zip Code: 33544

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 *Lisa K. Kentish*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 1-22-02

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KENTISH, LISA K 1106 GEORGETOWN PARKWAY FENTON MI 48430 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KENTISH, WILLIAM J 1106 GEORGETOWN PARKWAY FENTON MI 48430 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6339 Gentle Ben Circle Wesley Chapel, FL 33544
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6339 Gentle Ben Circle Wesley Chapel, FL 33544
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Lisa K. Kentish*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 1-22-02 813-994-6599  
Date Daytime Phone #

CR2E034 (9/01)