04/19/2002 12:17 5619885343 TRISTAR

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May 27, 2002 8:00 am
Secretary of State
05-27-2002 90435 046 ***150.00

2002 **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000117763

1. Entity Name

CB Kennebeck, Inc. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3200 N. Military Trl.	3200 N. Military Trl.
Suite, Apt. #, etc. #201	Suite, Apt. #, etc. #201
City & State Boca Raton, FL	City & State Boca Raton, FL
Zip 33431 Country	Zip 33431 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1064133 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Louise M. Taylor

Street Address (P.O. Box Number is Not Acceptable): 3200 N. Military Trail Suite 201

City: Boca Raton FL Zip Code: 33431

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) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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
NAME	Courtney B. Kennebeck
STREET ADDRESS	3200 N. Military Trail #201
CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	D
NAME	Brian Nice
STREET ADDRESS	3200 N. Military Trail #201
CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ BRIAN NICE 4/20/02 9173246063
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #