

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90210 010 ***158.75

DOCUMENT # P01000014642



1. Entity Name
KENSINGTON BANKSHARES, INC.

Principal Place of Business
**1300 PINEHURST DRIVE
SPRING HILL FL 34606**

Mailing Address
**1300 PINEHURST DRIVE
SPRING HILL FL 34606**

2. Principal Place of Business
13246 N DAle Mabry
Suite, Apt. #, etc.

3. Mailing Address
13246 N. DALE MABRY
Suite, Apt. #, etc.

City & State
Tampa, FL

City & State
Tampa, FL

4. FEI Number **59-3709535**

Applied For
☐ Not Applicable

Zip Country
33624 United States

Zip Country
33624 UNITED STATES

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

6. Name and Address of Current Registered Agent

**SCHIFINO, WILLIAM J ESQ.
201 NORTH FRANKLIN STREET
SUITE 2700
TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	D	<input type="checkbox"/> Delete
NAME	ARCHIBALD, GERALD MR.	
STREET ADDRESS	4611 RUE BORDEAUX AVENUE	
CITY-ST-ZIP	LUTZ FL 33558	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLACKWELL, GARY L	
STREET ADDRESS	6915 STATE ROAD 54	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	D	<input type="checkbox"/> Delete
NAME	MITCHELL, DEWEY D	
STREET ADDRESS	8600 STATE ROAD 54	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOCKMAN, RONALD S	
STREET ADDRESS	14141 STIBEGATE DRIVE	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BENDER JR., WILLIAM R	
STREET ADDRESS	4211 W. SAN RAFAEL ST.	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	14141 STONEGATE DRIVE
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	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/03 **813-961-0200**
Date Daytime Phone #

CR2E034 (10/02)